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Women's Food Refusal and Feminine Appetites in the long British Eighteenth Century

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Resumé

Dans cette dissertation, “Women’s Food Refusal and Feminine Appetites in the Long Eighteenth Century,” j’étudie le refus de nourriture des femmes tel qu’il est décrit par l’écriture médicale, la fiction, l’autobiographie, et par les textes religieux en Angleterre au cours du long 18e siècle. En m’appuyant, entre autres, sur les écrits du Dr. George Cheyne, de Samuel Richardson, de Hester Ann Rogers, et avec les textes composés sur le cas d’Ann Moore, je considère comment les pratiques et les présupposés des courants de la pensée médicale, littéraire, et religieuse ont participé à façonner une idéologie oppressive du contrôle de soi des femmes, par la diète. Je questionne la manière dont les idées de rationalité et de sensibilité ont influencé la notion moderne d’appétit. Le 18e siècle, qui voit l’influence naissante de l’empirisme, construit le contrôle de l’appétit au féminin comme une nouvelle forme d’obligation morale. Ma recherche démontre que cette période historique a produit des mouvements intellectuels qui ont cherché à établir la notion d’une vertu diététique qui fonde les idéaux modernes des normes morales de l’appétit.

Mots clés : refus de nourriture, historie de la médecine, 18ème siècle, femmes et nourriture, femmes et religion, troubles alimentaires, sensibilité, nourriture et spiritualité, image corporelle des femmes

Summary

In my doctoral thesis, entitled "Women's Food Refusal and Feminine Appetites in the Long Eighteenth Century," I analyze women's abstinence from food as portrayed by British medical writing, fiction, autobiographies, and spiritual self-help tracts from the late 1660s to the early 1800s. With the works of Dr. George Cheyne, Samuel Richardson, Hester Ann Rogers, and through case studies on female fasters such as Ann Moore, I explore how an interaction of medical, literary, and religious presuppositions and practices defined an oppressive ideology of women's dietary virtue. By considering transformations in the ideals of rationality, sensibility, and appetite in the eighteenth century, I investigate how maintenance of the feminine appetite became a signifier of moral responsibility. I explore a dual conceptualization of appetite as a volatile feminine passion. On the one hand, women's socially sanctioned appetite control was positively associated with a disembodied, disinterested faith and rationality. On the other hand, extreme food refusal in women was systematically cast as an emotional addiction, rather than considered as a possible digestive disorder or other form of organic illness discussed in the period. My research underscores eighteenth century biases about gender and class that would limit the nineteenth-century understanding of psychological food refusal as an illness. I contend that the eighteenth century's paradoxical discrimination between socially sanctioned and unacceptable forms of food refusal was the model for distinguishing between "good" and "bad" restrictive eating.

Key words: appetite control, eighteenth century, sensibility, medicine and literature, history of medicine, eating disorders, dieting, body image, women and food, women and reason, food refusal, eating and spirituality, women, religion, medical storytelling

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-for my angel baby,

who taught me that knowing is feeling.

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Chapter 1

Introduction

La faim est un rapport à la nourriture certes beaucoup moins complet, mais aussi réel que l'acte de manger.
-Simone Weil.

I

A debate at the heart of eighteenth-century discussions of women's food refusal is summarized in a literary passage that has nothing to do with food. Known for its philosophical plot of love, sex and manipulation, Pierre Choderlos de Laclos' famous libertine novel, *Les Liaisons Dangereuses* (1782), provides a quintessential example of the tensions around authenticity, desire, and belief in this period. At the center of bored French aristocratic society, la Marquise de Merteuil and le Vicomte de Valmont, two kindred skeptics, indulge in a series of playful, vengeful games. The unfortunate Cécile de Volages becomes a pawn in their meticulously crafted competitions. Merteuil, having lost a lover to Cécile (unbeknownst to her), and annoyed by her virginal naivety, makes it her mission to befriend and destroy her rival. In an attempt to humiliate a former lover who is set to marry Cécile, Merteuil schemes with Valmont to seduce her. Igniting Cécile's sexual desire proves no trouble for the skilled libertine, and he and Merteuil succeed in entangling Cécile in an impossible love affair with her music instructor, Danceny. Despite succeeding in her plan, Merteuil quickly grows

irritated as Cécile falls clumsily in love. In one letter in particular, she mocks the remnants of the young girl's childish purity. To Valmont, she complains,

> La petite fille a été à confesse ; elle a tout dit, comme un enfant, et depuis elle est tourmentée à un tel point de la peur du diable, qu'elle veut rompre absolument. Elle m'a raconté tous ses petits scrupules avec une vivacité qui m'apprenait assez combien sa tête était montée. […] J'ai pourtant vu au milieu de ce bavardage qu'elle n'aime pas moins son Danceny ; j'ai remarqué même une de ces ressources qui ne manquent jamais à l'amour, et dont la petite fille est dupe. Tourmentée par le désir de s'occuper de son Amant, et par la crainte de se damner en s'en occupant, elle a imaginé de prier Dieu de le lui faire oublier ; et comme elle renouvelle cette prière à chaque instant du jour, elle trouve le moyen d'y penser sans cesse. (Laclos 140)

Merteuil perceives Cécile's words to be at odds with the language of her body and her actions. As she grows increasingly overwhelmed by love and lust, Cécile claims to fear the Devil, and consequently rejects Danceny to restore her purity. Cécile uses prayer to repent, an action Merteuil sees as subtly hypocritical. For her, there is nothing authentic about Cécile's spiritual experience. Rather, it is guided by the motivations of feeling, specifically those Cécile has for Danceny. Merteuil claims that Cécile's understanding of herself is so flawed that she is unable to distinguish her love of God from her love of Danceny, or her love of a wholesomeness of spirit from her love of the pleasures of the flesh.

In England, the themes of Laclos' novel were anticipated in Alexander Pope's historical poem *Eloisa to Abelard* (1717). Pope dramatizes a similar doubt over the

authenticity of women's spiritual and sexual desires in another story of two impossible lovers who, together, long for of an intellectual and spiritual, in addition to romantic, life. Amidst the pleasures and pains of their secret love affair and tragic discovery by Eloisa's family, Pope represents Eloisa's own spiritual struggle. Overwhelmed by the depths of her romantic feelings after being separated from her lover, Eloisa prays for her "soul to quit *Abelard* for God" (128), only later to wonder if this desire is appropriate:

> Ah wretch! Believ'd the spouse of God in vain,
> Confess'd within the slave of love and man.
> Assist me heav'n! but whence arouse that pray'r?
> Sprung it from piety, or from despair? (177-180)

Like Laclos, Pope employs the voice of a female character to trouble the sincerity of women's spiritual experience when it appears to be in conflict with their desires of love and sex. Despite Eloisa's renowned intellectual abilities, Pope portrays her as incapable of realizing what she truly wants: the desires of body, or of spirit.

Though they appear as conventional tragic love stories, the representations of Cecile's and Eloisa's trajectories, and their shared preoccupation with prayer in particular, reflect a serious eighteenth-century concern with women's capacity for self-knowledge. As an act of private spiritual experience, their prayer is exposed to a reader who is urged to judge whether or not the characters are acting in good faith. But women's authenticity was not, in the eighteenth century, simply a point of contention for the religiously minded. New scientific thinkers, specifically those who moved within the world of medicine, were eager to resolve questions of visible and invisible

aspects of human experience. Penetrating, understanding, and conquering the body's opacity was a veritable obsession for the eighteenth-century medical man, and few topics were as enticing as the mysteries of women's physical, psychic, and spiritual life. As male authorities systematically called into question women's own abilities to provide authentic accounts of their lived experience, they themselves attempted to solve the mysteries of the female corporeality.

Food refusal, as a phenomenon, beckoned questions of how appetite and desire influenced action and self-understanding. As with Cécile's and Eloisa's moments of prayer, food refusal was an excellent point of inquiry for those invested in uncovering what the body *truly* wants. Because women's eating, as well as their abstinence from eating, were thought to make apparent the contradictions of spiritual, moral, and physical desire, eighteenth-century medical inquiry regarding the norms of diet attempted to reframe the workings of the soul and the imagination. What it meant when a woman *could not* eat, *did not* eat, *should not* eat, or *pretended not to* eat differed greatly according to the context and the interpreter.

II

My dissertation examines the developing associations of disembodied, disinterested rationality and faith in women's appetite control alongside the emerging consideration of extreme food refusal as an addiction to sentiment. As a feminist scholar interested in the movement between reality and fiction, I provide a social and theoretical context for arguing that the eighteenth century was pivotal in defining the ideology of appetite control as a complex cultural mechanism for maintaining the subordination of women. Through consideration of the relationship between

eighteenth-century medicine and literature, I seek to explore how medical storytelling created and perpetuated, or made "real," gendered assumptions about the feminine appetite. I highlight how modern theories of embodiment were produced through representations of the physical female body as a separate part of oneself that could and should be dominated through diet.

In this comparative, interdisciplinary study, my methodology incorporates literary criticism, the history of medicine, and moral and feminist philosophy. By way of historical readings, I emphasize the literary qualities and the cultural contexts of the medical documents I study. I also use eighteenth-century medical and religious theories of embodiment to explore writing on women's food refusal. My thesis shows, in part, that because there are literary elements in these medical treatises, practitioners sometimes use fictional anecdotes as a rhetorical support for the "truth" of their theories. The scientific accuracy of treatises on women's food refusal was often dubious. For this reason, I rely on scholarship that views eighteenth-century literature and medicine as inseparable epistemological cultures, and that accordingly insists on the need to review the history of women's health from multiple angles. I have thus assembled a corpus of understudied primary sources, published from the 1660s into the early 1800s, including some written by women, which show a deep concern with a gendered management of appetite. This project's framework engages with literary, historical, and philosophical criticism: theories of early modern and eighteenth-century medical writing, autobiographical writing, and folklore; studies of early modern and eighteenth-century diet, religion, science; and historically relevant intersectional theories about the dynamics of eighteenth-century class, race, and gender.

Through a consideration of the early transformations of body image as a visual signifier of virtue, and the simultaneous idealization of women's dietary self-restraint, I investigate the collective cultural creation of Enlightenment ideals of dietary virtue. Despite the eighteenth-century view that appetite loss was a deadly physical manifestation of passion disorders, such as lovesickness or greensickness, sufferers were nevertheless judged by their perceived suspicious, and sometimes greedy behaviors and intentions. Many of the texts I study aim to capture how food influences the idea of health. Medical literature on appetite illnesses tended to take a diagnostic approach, whereas dietary medicine typically invested itself in a preventative practice. As my research attempts to establish how women's food refusal was discussed by a variety of thinkers, I offer an eighteenth-century survey of women's food refusal that participates in some respects in the history of disordered eating. In some histories of disordered eating, eighteenth-century documents on women's food refusal are either disregarded as remnants of medieval fasting practices, or taken as "truthful" medical documents written by supposedly "objective" practitioners. In contrast to these approaches, I demonstrate that the elaboration of eighteenth-century ideals of eating reflect the period's unique preoccupation with empirical inquiry. In asking how medicalized standards of eating came to reflect on women's will and inner experience, as motors of illness, this dissertation also contributes to the fields of intellectual history and body history.

My desire to produce research that does historical justice to the eighteenth-century ideas I explore requires a brief clarification of my chosen terminology. I rely on a lexicon that attempts to reflect the questions I ask in this dissertation. "Food

refusal," in my view, is the most appropriate term to refer generally to abstinence from food. Is it admittedly vague as a term, but it is useful in that it refers, quite simply, to moments when a person does not eat, whether completely, to certain degrees, or from specific foods. Through my use of the term "food refusal," I seek to establish a point of discussion where the moral, social, and historical connotations of appetite are absent in order to later critique how appetite was constructed as an eighteenth-century gendered ideal. My desire to reflect on the shared culture of new forms of medical appetite control and pathological appetite disorders hinges on the ability to identify the ideas created around not eating. My use of "food refusal" allows me to show, perhaps most importantly, how an *inability* to eat could be interpreted as an *unwillingness* to eat. Because I argue that gendered debates on sincerity guided the politics of appetite control and dietary illness, the term "food refusal" creates a foundation on which the complex philosophical discussions about appetite may be uncovered. Who decided, and in what circumstance could it be decided, when inability was unwillingness?

Moreover, my use of "food refusal" reflects a desire to respond to the following question: how did something as simple as eating or abstaining, whether as a manifestation of illness or not, become a signifier of the strength and motivations of the will? Another way of phrasing this question is: how did eating and abstaining reflect the quality of the soul, or the value of inner life? These questions appear more relevant when one considers the "progress" of dietary virtue throughout the long eighteenth century. For instance, how was a person's moral standing interpreted through new dietary performances? How was virtue, or the value of the self, measured through images of body size, specifically in the perceived quantity of fleshiness? How

did visual and textual representations of dietary norms and deviance reflect and propagate an ideology of dietary restraint? How did dietary restraint aim to perform the philosophical scruples of rational experience?

Ideas of "soul," and "self," are constantly tested in cases of food refusal. For this reason, I often use the two terms together in an attempt to reflect the concerns of the period. By "soul," I refer to a concept meant to represent the most fundamental level of invisible human experience through which one connects to the divine. By "self," I refer to a level of invisible experience which, more superficial than the soul, reflects the workings of the imagination, or the realm of reasoning, thinking, and feeling. I have come to see these ideas, at once simple and complex, as mutually informative rather than interchangeable for eighteenth-century thought. They are terms used in nearly all the documents I consider and in a manner that, despite their ambiguity, is always, on some level, understood. But it is not necessarily easy to distinguish where one ends and the other begins. In fact, discussions of food refusal tend to be compelling in their intellectual efforts to explore the barriers between self and soul. Dietary medicine and late eighteenth-century spiritual narratives are especially intriguing in their authors' use of "soul" and "self" when attempting to identify the frontiers, or the intersections, of these two spheres of immaterial existence. Moreover, writers detail how they attempt to influence the soul and self through dietary management. Response to food refusal, understood as a window to the mechanisms of appetite, exposes writers' desire to identify a "purity" of action and intention. By using food refusal as a phenomenon within which to study the way certain actions and desires are driven by the self, as opposed to the soul, or vice-versa,

these eighteenth-century writers display an acute need to explain and categorize the unseen workings of human life.

At times, in place of "food refusal" I revert to the terms used in a given eighteenth-century document. Chapter 3, for instance, uses the term "fasting" to discuss a specific form of food refusal situated in the eighteenth-century public sphere. Because "fasting" implies a sense of willingness or decision to refuse food, it is somewhat inadequate in capturing cases of miraculous food refusal where some women were reported to no longer *need* food when they were sustained by divine or supernatural influence. However, because "fasting" refers to a tradition of religious penitent food refusal that dates back to the Middle Ages, it is a point of reference for those writing on the cases I consider. Even though I sometimes use this term, I also explore the tensions created around it in documents on female fasters. I also consider "self-starvation" as a term that captures a developing concept in the eighteenth century. Instead of using the full term "self-starvation," writers tended to state that a woman was "starving" herself, another expression which implies a willfulness to not eat. Whenever possible, I reach for the term most appropriate to the material with which I engage, and there are therefore moments when "self-starvation" seemed the most appropriate descriptive choice.

Finally, I will clarify my use of the term "sentiment." During the eighteenth century, this term, though in common usage, was difficult to grasp. Because "sentiment" was believed to be key to the mind-body connection so central to medical thought, it was discussed in various ways by various people who sought to unpack the nature of sensibility, or the epistemology of feeling. Ildiko Csengei explains that

sensibility, while a rich topic, "is generally agreed to imply a belief in natural goodness, benevolence and compassion, and is often associated with a cult of feeling, melancholy, distress and refined emotionalism" (5). While a term like "sentiment" always seems somewhat abstract, my study has led me to see "sentiment" as a term used by eighteenth-century thinkers to explore or map the experience of the larger notion of sensibility. In the eighteenth century, "sentiment" was one of the few ways to discuss the complex ways in which soul, mind, and body interacted. This made the nature of "sentiment" a great subject of debate amongst a range of thinkers. Throughout this dissertation, I explore how "sentiment" was at once a figurative and a scientific concept. In the eighteenth century, sentiment referred to a mental, or psychological experience, as well as a bodily one. When used as a medical term, sentiment reflected developing mechanist and nerve theories of the body which held that "sentiment" could materially influence the body's flow, or the interior sense of health.

In addition to its material usage, "sentiment" simultaneously expressed the immaterial experience of feeling in ways similar to modern definitions of the term. In its figurative capacity, "sentiment" resembled more closely the modern concept of "emotion," but, because of its material connotations, it was not quite synonymous with "emotion". In its material and immaterial capacities, "sentiment" was thought to influence the workings of the imagination, the passions and the appetites, or the body. I use the terms "sentiment" or "feeling" in an effort to faithfully reproduce the language in the documents I study. I avoid the term "emotion," which more appropriately reflects ways of discussing interior experience in later historical periods. However, I on

occasion resort to the word “emotion” as a way of clarifying to a modern audience the psychological nuances of eighteenth-century sentiment and sensibility.

Because eating was similarly an experience where the material and immaterial met, many found the means to question the role of sentiment in cases of food refusal. As medical men wondered how to manage feeling rationally, dieting became one method of doing so. The rationalization of diet held that it was a moral responsibility to control one’s appetite, while also assuming that it was impossible to do so alone. As I show, this argument was at the forefront of dietary medicine. For women, who were seen as most vulnerable to the sway of appetite, the logic of appetite control was often unevenly imposed; this tended to prevent women from representing and defending their own ideas. When women attempt to explain their perspectives, male interpreters were often inclined to recast women’s understanding of their experience as corrupted by their own unruly appetites. Over the course of time, this meant that male interpreters reserved the exclusive right to explain, diagnose, or treat a variety of manifestations said to be linked to the appetite.

A challenge to studying women's food refusal is that while, in its most extreme expression, it is framed within a discourse of illness, it simultaneously eludes a language of pathology. I aim to show how the medicalization of “good” eating through restraint and the medicalization of appetite disorders evolve along similar lines. Both develop ideals of the “feminine” appetite as flawed, unmanageable, and essentially unreasonable.

It is worth noting that my dissertation considers the white woman’s body in a British context, although rural fasters from the “wilder” parts of Britain were framed as

"ethnically" distinct from upper-class and developing middle-class societies (Schaffer 190). While I engage in an analysis of class politics throughout my work, this project currently lacks an in-depth analysis of race and appetite. I do, however, attempt to highlight how colonialism impacted ideals of British health. For example, Richard Ames' 1691 poem *The Female Fire-Ships. A Satyr against Whoring* conflates the non-English women's "nice fantastick Appetites" with those of prostitutes (46):

> The treacherous Kisses, and bewitching Smiles
> Of Mercenary Jilts; whose only Trade,
> Is daily acting Love in Masquerade:
> True Cannibals, who can with ease devour,
> A dozen Men while Time shapes out an Hour,
> The Body as gross food they cast away,
> And only on the Blood and Marrow prey;
> With nice fantastick Appetites they burn,
> And nothing but the Spirits serves their turn:

As the most dangerous obstacle to colonial expansion, the female colonial subject, like the prostitute, can "bewitch" innocent men who embark on paths of discovery. Ames's comparison of the prostitute to women in British colonies hinges on the assumption that deviant women have the most all-consuming appetites. His othering of women on the outskirts of British society might be seen to set the stage for Samuel Richardson's pious heroine Clarissa, a character whose self-mastery, however controversial by the end of the novel, was, in contrast, an ideal of feminine virtue. When possible, I will highlight the racialized, classed, and nationalistic undertones that inform supposedly

"proper" expressions of female desire, as well as the misplaced suspicion that women's bodies are driven by wild, animal instincts. While I do not claim that my limited engagement with race in this dissertation sufficiently treats the subject in its larger scope, I have indicated paths for the reader, as well as for myself, which can lead to further study. Serious consideration of race, reason, and appetite would be a next step in the continuation of this work.

III

Eighteenth-century medical men sought to overturn the stereotypical fear that women possess hidden powers of seduction in their bodies by attempting to make inner experience visible. If the body's opacity was a source of wonder, uncovering the mystery of women's inner experience was a veritable obsession for such men. In their focused feminist analysis of representations of women's food refusal and appetite control in medical literature and letters, case histories, spiritual self-help, fiction, and spiritual autobiography, the chapters that follow explore the troubling associations between assumptions about women's voracity and beliefs in their inability to reason.

This dissertation does not trace the history of anorexia nervosa, a post nineteenth-century illness, backwards into the eighteenth century. It does, however, recognize how appetite became pathologized within eighteenth-century thought. Even though I refrain from using theories of anorexia nervosa as analytical tools, there are moments where it is valuable to ask how the eighteenth-century ideals of eating and abstaining are echoed in later periods. The temporal proximity of eighteenth- and nineteenth-century literary and medical practices demands a nuanced outlook that neither ignores nor overstates the links between the ideals of diet in these two periods.

I maintain that, by the end of the eighteenth century, the cooperative religious-medical cultures of appetite pathologization produced new models of femininity that demanded dietary propriety.

In my next chapter, "Women and Appetite Control: An Eighteenth-Century Debate?," I establish the historical, theoretical, and philosophical stakes of appetite as an ideal in transformation. I begin with a critical review of scholarship on the history of women's appetite disorders, and then move to a discussion of how medical writers of the long eighteenth century reached for new understandings of health by theorizing the norms of eating. I attempt to balance my discussion of appetite disorders with an explanation of parallel models of dietary medicine, specifically through the work of Dr. George Cheyne. I claim that theories of appetite disorders and dietary medicine share gender prejudices about the danger of a feminine appetite, which can, incidentally, be found in men and women alike. Likewise, I highlight how religious discourse on dietary reform, specifically in William Law's *A Call to the Holy Spirit*, singled out the feminine appetite as a problem to be contained.

Having explored, in Chapter 2, the socio-cultural, historical, and theoretical issues at stake in the medicalization of food refusal, my subsequent chapters ask how developing eighteenth-century models of eating and abstaining produced a feminine ideal of dietary virtue. Chapter 3, "Medical Myths and Fictions of Female Fasting," considers the changes in reception of the miraculous stories of rural fasting women in the long eighteenth century. I focus on the rewriting and appropriation of these women's stories within the context of the rise of medicine. I explore the narrative techniques of medical writing that sought to uncover the mystery or to debunk claims

of miraculous fasting, like the late seventeenth-century cases of Martha Taylor and Ann Jefferies. The late eighteenth century has been described as one of the last instances where female fasting behavior was accepted as divinely framed, specifically in the case of Ann Moore of Tutbury, before the pathologization of modern eating disorders. My analysis of these case histories reveals how anecdote, rumor, and gossip often passed for medical "truth." As advances in print culture made the stories of female fasters available to a wider audience, female fasters received more attention than in earlier periods. This sparked debates not only about the possibility of living without eating, but about the role of divine and supernatural influence on human life. As writers attempted to theorize immaterial and material experience through examples of female fasting, their literary skills tended to reshape and even determine their medical critiques. Because this chapter aims to trace a collective dismissal of rural women's illness, it explores the class politics of women's food refusal.

Chapter 4, "Women's Dietary Illness as Story: Cheyne's Literary Legacy," continues to interrogate the role of story and suggestion in the medicalization of women's food refusal. This chapter builds on the analysis provided in Chapter 3 by exploring the treatment of abstaining women in an upper-class context. I look to George Cheyne's intellectual impact on the ideals of women's food refusal by comparing his medical writing on the case of Catherine Walpole with Samuel Richardson's *Clarissa*. Catherine Walpole, the Prime Minister Robert Walpole's daughter, was one of Cheyne's most tragic cases. I undertook archival work at the British Library to uncover the unpublished letters on Catherine's case. Suffering from a severe loss of appetite and hysteric fits, she died while under Cheyne's care in the

1720s. While more subtly expressed, learned gentlemen skepticism on female corporeality and women's self-representation endures in the discussion and reception of women's medically-oriented food refusal. In contrast to the treatment of rural fasters, Cheyne's letters and Richardson's novel represent the upper-class starving woman as genuinely ill. However, a collective masculine medical and religious doubt reads women's dietary illness as symptom of unmanaged sentimental excess. Over time, dominant circular discussions of food refusal return to the belief that it is a self-indulgent sentimental problem influenced by feminine flaws.

Chapter 5, "The Self Starved: Autobiographic Accounts of Women's Food Refusal," considers women's spiritual autobiographical writing on food refusal. I look at Hester Allen's late seventeenth-century account, and Hester Ann Rogers's late eighteenth-century account. These rare autobiographical documents discuss food refusal as a voluntary, corrective measure that leads to religious conversion. I demonstrate that, although both of these narratives frame food refusal as a physical example of spiritual struggle, by the late eighteenth century, as is made clear in Rogers's account, spiritual discussions of food refusal absorb both a wider socio-cultural medical discourse on women's appetites, and a political resistance to enthusiastic behavior. Rogers's account, in particular, reenacts many common themes of the sentimental literary tradition, an act she understands as a pleasure, which she then attempts to renounce. While, on the surface, her text supports a dominant masculine middle-class form of rationality, it does so through the demonstration of her personal rational experience, which itself consists partially in an acknowledgement of feeling.

This dissertation aims to show that the eighteenth-century history of women's food refusal is not only a medical history, but also a literary history. By tracing the transformations of the concepts of appetite control and dietary virtue, and the creation of modern norms of eating and abstaining, I demonstrate how cultures of reading and writing produced modern models of women's food refusal as an effect of a masculine medico-religious rational discourse. My research underscores the eighteenth-century biases about gender that would persist in the next century, and go on to relegate nineteenth-century understandings of psychological food refusal to the realm of illness. I contend that, in the eighteenth century, the paradoxical discrimination between socially sanctioned and unacceptable forms of food refusal was the model for distinguishing between "good" and "bad" restrictive eating. Furthermore, I argue that eighteenth-century notions of self-starvation, as developed in the tradition of literary and philosophical debate about sympathy, sensibility, and reason, produced stereotypes of women's radical withdrawal from organized eating as capricious, bourgeois illnesses arising from obstinacy.

Chapter 2

Women and Appetite Control: An Eighteenth-Century Debate?

During the eighteenth century, "appetite" was a subject of extensive debate through which thinkers hoped to grasp the fundamentals of human material and immaterial experience. Philosophers, religious writers, and men of science, some of whom held multiple credentials and roles, each took their turn trying to identify the parameters of "appetite." "Appetite," while first related to hunger and thirst, was a concept that was consistently stretched to reflect more generally on human desire. In addition to asking what the appetite was and how it worked, these debates were most acutely obsessed with how to deal with it. A hotbed for reflection on the moral standards of life, appetite control emerged as a serious eighteenth-century scientific, spiritual, and economic concern. At the same time, because debates on appetite were expressed within models of health that were habitually biased against female corporeality, and within fields from which women were regularly excluded, these controversies brought forth new ideals of gender. By the end of the century, the disdain for the feminine appetite, in particular, was so tense that Mary Wollstonecraft identified it as a barrier to women's personal rational experience.

Wollstonecraft held that the improper nurturing of women's sensibility through a miseducation that obliged them to appeal to men and deny themselves a thinking life

could be renounced with sincere self-control. In *A Vindication of the Rights of Woman*, she writes that "[m]odesty, temperance, and self-denial, are the sober offspring of reason" (84). Wollstonecraft here attempts to provide alternative models of being for women who may find themselves suffering from an obscurity of feeling. "[W]hen sensibility is nurtured at the expense of understanding," she explains, "such weak beings must be restrained by arbitrary means, and be subjected to continual conflicts; but give their activity of mind a wider range, and nobler passions and motives will govern their appetites and sentiments" (84). Published in 1792, these words appear in Wollstonecraft's influential political tract which takes up women's subjugation to men. Having earned a twentieth- and twenty-first century reputation as one of the earliest theories of modern feminism, it proposes a philosophical optic for recognizing women's inferior status as a socio-cultural effect. Breaking with a common argument that women are 'naturally' weak, and their subjugation is therefore justified, Wollstonecraft argues that social teachings hold women back by rendering them dependent on feeling. Very much a document of its time, Wollstonecraft's treatise assesses such teachings with reference to the ostensibly polarized cultures of reason and sensibility. This is to say that at a moment when many assumed women to be under constant influence of the body's unstable passions and appetites (to which Wollstonecraft here alludes), she defers to the Lockean principle of the *tabula rasa*, the theory that the mind, at its origin, is in a state of neutrality which takes form throughout life. Wollstonecraft argues that women's miseducation diminishes their intellect by overvaluing sentimental experience. Criticizing a positive emphasis on women's delicacy, she suggests that cultures of excessive feeling poison women's

minds by making their lower status seem fashionable.

Among the numerous anecdotes Wollstonecraft provides to illustrate this point is one which is of special interest to this dissertation. She writes:

> I once knew a weak woman of fashion, who was more than commonly proud of her delicacy and sensibility. She thought a distinguishing taste and puny appetite the height of all human perfection, and acted accordingly.—I have seen this weak sophisticated being neglect all the duties of life, yet recline with self-complacency on a sofa, and boast of her want of appetite as proof of her delicacy that extended to, or, perhaps, arose from her exquisite sensibility, for it is difficult to render intelligible such ridiculous jargon. (43)

The appearance of this "weak woman of fashion's" appetite is central to this anecdote as it serves as a means for Wollstonecraft to identify a hypocrisy of intention and action in the woman's food refusal. "[E]xquisite sensibility" becomes visible in a performance of appetite loss. Far from seeing this puny appetite as evidence of perfection, Wollstonecraft disdains and exposes such self-flattery. But in reading her treatise as a whole, we learn that food refusal in itself is not the key issue. It is the use of food refusal within a scene of false sensibility that, in essence, consists in an affectation that seems to make women foolish.

To improve one's rational capacity, Wollstonecraft recommends women limit the misleading pleasures of feeling and physical sensation. Self-control, she claims, may develop a *sincere*, liberating modesty that leads to rational thought. While *A Vindication* proposes that appetite control is a vital component of women's striving for equality, it must accompany a right frame of mind that privileges the cultivation of the

"nobler passions and appetites." It becomes obvious that Wollstonecraft endorses a politics of rational diet that hinges on a practice of authentic appetite control. This is to say that for self-discipline to be rational, it must originate in an intention to liberate oneself from the sway of the passions. Refusing food for fashion, especially as a performance of delicacy, is the contrary of what Wollstonecraft sees as self-discipline: "Passions are spurs to action, and open the mind; but they sink into mere appetites, become a personal and momentary gratification, when the object is gained, and the satisfied mind rests in enjoyment" (29). This pessimistic tone persists throughout commentary on the appetites in *A Vindication*. Although she argues that appetites powerfuly persuade both sexes—"[w]omen as well as men ought to have the common appetites and passions of their nature" (133)—an excessive attention to women's sensibility further irritates the appetite, which renders it all the more detrimental to one's judgement. The correlation between appetite control and rationality complicates efforts to instill in women a sense of self that is not foremost invested in pleasing men. The passions, Wollstonecraft comments,

> are only brutal when unchecked by reason: but the obligation to check them is the duty of mankind, not a sexual duty. Nature, in these respects, may safely be left to herself; let women only acquire knowledge and humanity, and love will teach her modesty. There is no need for falsehoods, disgusting as futile, for studied rules of behaviour only impose on shallow observers; a man of sense soon sees through, and despises the affectation. (133)

Wollstonecraft hopes to replace a feminine education which makes women dull, demure, and ill, yet attractive to men, with one that cultivates lucidity. Taming of the

female body by limiting feeling and sense, however, introduces new constraints into her politics of equality. Is not the suggestion that the feminine mind shines most in contrast to a disciplined flesh a restrictive concept of its own? If self-denial is the offspring of reason, which is to say that it is reasonable to engage in self-denial, and self-denial reinforces one's reason, does this circulation produce balance, or can it spiral into a new form of excess?

I aim to show that Wollstonecraft was far from the only one to make such recommendations. In fact, Wollstonecraft's defense of women's intellect exposes the presence of contrasting beliefs which opposed the feminine appetite to women's reason. Throughout the century, many came to view rational self-control as a necessary tool for fluid social exchange. In this chapter, I argue that a reformist intellectual web used eighteenth-century dietary ideals to propagate new notions of women's dietary virtue (self-denying practices of food refusal) as the sole method to heal an otherwise damaged feminine body, imagination, and soul. Indeed, Wollstonecraft's arguments for appetite control come at a crucial moment at the end of a century-long debate. Whether in the rise of medical theories of dietary illness or appetite control, or in a parallel, overlapping, and often cooperative religious discourse on dietary reform, the feminine appetite is consistently singled out as a problem to be contained. I here survey gendered debates on appetite from eighteenth-century medical, religious, and philosophical perspectives. The first section discusses the medicalization of dietary illness, with specific attention to the illness of appetite loss. The following part considers the problematization of the appetitive body within new forms of dietary medicine. The last sections move towards similar considerations of appetite control as

a practice of Christian virtue.

Appetite Disorders in the Eighteenth Century

Women's food refusal, especially as it evolved through cooperative efforts of scientific progress and religious reform in the British eighteenth century, is an understudied subject. As I have yet to uncover a full-length research project that questions eighteenth-century appetite suppression, my hope is that this research helps to stimulate conversations on the gendered politics of diet. A mix of literary and historical scholarship is the critical basis for this dissertation. Previous work on women's food refusal tends to provide wide-ranging histories of self-starvation, as in medieval fasting or nineteenth-century consumption or anorexia nervosa from medical or literary perspectives, leaving the eighteenth-century cultures of women's appetite control unconsidered.

New interdisciplinary research on literature and medicine has paved the way for my project. My comparative historical study of literature and medicine rests in a mosaic of foundational criticism. Because my emphasis on the socio-cultural medical and literary history of women's food refusal, or on the intellectual history of feminine dietary virtue, is characterized by an attention to the politics of women's spiritual claims, I propose an overview of scholarship on appetite, rather than dietary illness alone. By reviewing the status of dietary illness alongside the rise of dietary medicine, I follow a method that will enable me to later explore how a shared concern for the dangers of feminine appetite is rewritten and reproduced in literary, religious, and medical texts. The first section of this chapter looks at the state of scholarship on the

history of women's food refusal as it relates to the long eighteenth century. The last section of this chapter considers the religious roots of the medicalization and the moralization of women's appetite control.

While research on the history of women's food refusal often directly engages with disordered eating, I ask how dietary illness, the rise of dietary medicine, and new religious models of dietary virtue cooperatively produce new ideals of women's eating and abstaining. Because I wish to privilege a historical methodology that depicts the British eighteenth-century setting that gave a moral meaning to eating and abstaining, I refrain from using scholarly material which has theorized psychological self-starvation from the nineteenth century onwards. Susan Bordo's philosophical study of anorexia nervosa, *Unbearable Weight,* has, however, influenced the structure of inquiry in my work. Carolyn Walker Bynum's significant work on religious women's fasting practices in the medieval Europe, *Holy Fast and Holy Feast*, is especially inspirational to my project. I attempt to follow her lead in reading women's food refusal in its historical context. Instead of reviewing her work here, I save it for chapter 3 when I consider female fasting in the eighteenth century.

My method of considering eighteenth-century women's appetite and food refusal by engaging with a selection of historically comparable cultural and scientific documents reflects previous research. Two outlooks, continuous or discontinuous, have characterized historical research on women's food refusal. Continuous perspectives on eating disorders establish a transhistorical relationship between early known versions of women's religious fasting behaviors and contemporary anorexia nervosa, whereas discontinuous perspectives insist on the differences between medieval women's

disordered eating and modern expressions. Joan Jacobs Brumberg's *Fasting Girls: The History of Anorexia Nervosa* and Walter Vandereycken and Ron Van Deth's *From Fasting Saints to Anorexic Girls: The History of Self-Starvation* laid the foundations of the history of eating disorders with their studies of anorexia nervosa, psychological self-starvation, and to a lesser extent, bulimia nervosa, the cycle of compulsive eating and purging. Both works examine the history of anorexia prior to its categorization in the mid- to late-nineteenth century. These histories place the discovery of anorexia in 1873 and 1874, with the medical writing of the English physician Sir William Withey Gull and the French physician Dr. Ernest Charles Lasègue.

Gull and Lasègue separately proposed similar findings on a new disease they called "hysterical anorexia" or l'hystérie anorexique. Gull and Lasègue were well-connected and well-known physicians. Both worked in the high society of their countries, with Gull treating those close to Queen Victoria, and Lasègue publishing in the most prestigious Parisian medical journals. It was in the *Archives Générales de Médecine* that Lasègue first published "De l'hystérie anorexique" in 1873. Lasègue describes a "hysteria of the gastric center" in young women who exhibit a nervous refusal of food without signs of organic illness or digestive problems (Vanderyecken and van Deth 159). Gull's description is remarkably similar, and he is noted for having insisted on the use of the word "anorexia" to describe the illness because he was "convinced that 'anorexia' (lack of appetite) was a more correct term than 'apepsia' (indigestion) since the food that was eaten, except in the last stages of the disease, [was] well digested" (Brumberg 117). While Brumberg and Vandereycken and van Deth debate over whether among Gull and Lasègue was the first to name the new

wasting illness, others have since suggested that medicalization came much earlier than these late nineteenth-century descriptions. Vandereycken and Van Deth, like Brumberg, acknowledge a "primitive" version of anorexia prior to Gull and Lasèque, but they do not clearly assign the discovery of the disease to earlier physicians.

Sonja von t'Hof's *Anorexia Nervosa: The Historical and Cultural Specificity* looks to the eighteenth century as an influential period in the medicalization of disordered eating. Rather than accepting that disordered eating is a product of secularization, or the shift in cultural authority from religion to science, as respectively argued by Brumberg and Vandereycken and Van Deth, t'Hof sees psychological starvation as revelatory of new cultures of individuality. In view of the emergence of cultures of sensibility, she believes the rise of individuality can be correlated with the rise in disordered eating illnesses (77). The increasing emphasis on a sense of selfhood and inner space, she argues, can be traced back to the seventeenth century, but the eighteenth century, saw a shift of attitudes towards the prioritization of personal identity over social role and duty. For t'Hof, fasting was one avenue in this developing movement of self-representation:

> With the transformation from public, miraculous fasting into private, psychological fasting, girls from secularized, urban bourgeois families began to present fasting in [a] secularized and private way. At the same time, religiously inspired fasting girls continued to come to the fore in religious and rural communities throughout the nineteenth century. It is therefore not implausible that physicians catering to the bourgeois classes began to encounter this kind of fasting around 1840 or 1850.

> Thus, the increasing sense of selfhood and the emergence of the notion of 'personality' was one of the preconditions for the emergence of psychological starvation. (81)

While t'Hof recognizes the nineteenth-century classification of psychological starvation, she places the cultural precondition for psychological starvation much earlier. t'Hof challenges previous explanations of anorexia nervosa as the obvious product of secularization when she writes that "Brumberg and Vandereycken and Van Deth did not satisfactorily explain the transition [from 'miraculous' starvation] to psychological starvation" (70). She argues that their studies of Gull and Lasègue omit crucial information. According to t'Hof, it is important to acknowledge that prior to and throughout the nineteenth century, "miraculous and non-miraculous fasting coexisted" (74). While t'Hof's study is an excellent overview of the socio-cultural development of anorexia nervosa, it does not dive deeply into the eighteenth-century specificities of eating and abstaining, as I do in this dissertation. I will show that the class politics of medical practice were especially influential creating the illusion of a distinction between miraculous and non-miraculous forms of food refusal, and that this process tells more about the politics than the strictly scientific values of eighteenth-century thought.

Like t'Hof, the seventeenth-century literary historian Nancy Gutierrez does not agree secularization as the driving force in the development of present-day forms of food refusal. Instead, Gutierrez claims that a "dynamic of appropriation and containment" is at work in the medicalization of disordered eating (81). Gutierrez suggests that medicalization of self-starvation was characterized by "issues of private

and public space, female passivity and agency, and individual vulnerability and empowerment" (81). While I will certainly take up tensions of autonomy and empowerment, I seek to bring more nuance to debates on the eighteenth-century politics of medical appropriation. At the same time, I discuss cases in which medical men imposed their ideas and, at times, bodies, on fasting women, I will include examples where they also sought genuine cures to new articulations of illness.

In fact, in her 2016 doctoral thesis, a recent study of late-eighteenth-century dietary illnesses, Kathryn Segesser argues for a history of disordered eating that was not only more humane than some believed but also gender-neutral. Situating her work as a contribution to the history of psychiatry and the asylum in a transatlantic British-American context, Segesser convincingly argues that classification and treatment of disordered eating began in the mid-eighteenth century. My research on medical literature leads me to share Segesser's understanding that physicians approached eating behaviors as directly linked to the state of the passions, the condition which afforded general well-being. Even if "anorexia" was yet to possess the full meaning of Gull and Lasègue's "anorexie hysterique," the term was occasionally used in medical treatises throughout the century. Most treatises on general medicine included some description of digestive disorders, among which food refusal was situated. As medical thought progressed in the 1700s, understandings of psychological food refusal grew more specific. Want of appetite transformed from symptom to illness.

Later in the eighteenth century, the term "anorexia" naturally appears with more frequency and with a deeper consideration than earlier examples. Eighteenth-century medical writing shows that when food refusal was associated with problems of

feeling, it was, to some extent, distinct from other digestive disorders. William Salmon, in his 1707 treatise *Medicina practica or, the practical physician,* uses the term "*Anorexie*" as a synonym for "want of appetite," or loss of appetite, a disorder to which he dedicates a brief chapter. Salmon's description uses humoral theory to situate appetite loss in the relationship between the body's warm, cold, and phlegmatic temperaments. At this moment in the early 1700s, want of appetite, instead of being a stand-alone illness, is a symptom of a larger issue. Without much specificity, he vaguely discusses some possible causes of appetite loss, stomach parasites being one example, in addition to their corresponding dietary remedies and eating schedules that would "irritate" or shock the body's obstructions in order to reinstate one's appetite.

In 1726 *A New Practice of Physic*, Peter Shaw defines a disorder called "anorexia" as a "loss of appetite" or "a longer continuance than what is natural, without any inclination to eat" (170). Like Salmon, Shaw engages with the popular medical theory of the humors. Shaw lists the disturbing aliments which irritate the appetites. For example, indulging in alcohol and tobacco can cause appetite problems. Fevers or a laxity of the stomach may also disrupt the need to eat. In addition, exaggerated passions may also cause appetite illnesses. Among his listed diseases of the stomach, Shaw includes sections on two additional disorders: bulimia and pica. "Fames Canina," he writes, "is the increase of the appetite beyond what is natural to the constitution, attended with vomiting; but when unattended with that, and joined with a sinking of spirits, or a *delquium*, and coldness of the extremities, 'tis called *bulimia*" (177). "*Pica*, or *malacia*," is defined as "an unnatural desire of feeding on such things as are accounted noxious, or unfit for nutrition" (179). Shaw again

underscores the passionate dimension of these disordered eating behaviors, noting that pica "is seldom original, but sometimes the effect of a delirious hypochondriacal affection in men; a chlorosis, stoppage of the *menses*, or their eruption, about the second or third month of pregnancy in women; or else it may be hereditary in children, from some cause affecting or residing in the mother" (179).

Humoral theory postulates health as residing in the balance of four humors: blood, yellow bile, black bile, and phlegm. Each humor was associated with four primary qualities (hot, dry, cold, wet) which were in turn associated with life phases (infancy, youth, adulthood, old age) and dispositions (sanguine, bilious, melancholic, phlegmatic). Various combinations of the humors defined a person's disposition, moods, and desires. As Sophie Vasett notes, British medicine, without a clearly defined professional discourse, lacked a definitive institutional lexicon for dictating theories of health. This meant that British eighteenth-century medicine came about as a mix of humoral, mechanistic, and animist traditions (41). Many medical and literary historians of the British eighteenth century agree that, despite claims to the contrary, humoral theory continued to underline new mechanistic approaches. From the late seventeenth century onward, physicians increasingly relied on a mechanist conception of the body; and as medicine developed over the century, humoral imbalance became a secondary concern.

Despite occasionally appearing in medical documents during the eighteenth-century, the term "anorexia" was not in common usage for discussing want of appetite[1]. Want of appetite appears in reference to consumption or nervousness.

[1] The 1807-13 case of Ann Moore, studied in chapter 3, is the only document I

Salmon writes that an often incurable "loss of Appetite [may] arise[] from decay of Strength, or old Age," as in "Consumptive People" (36). Consumption did not necessarily indicate a tubercular type illness. Stacey Bell Stryer views the wasting form of consumption related to an excess of passions as a precursor to modern-day anorexia. She situates the first discussions of psychological food refusal within the discourse of consumption, notably that developed by Dr. Richard Morton's *Treatise on Consumption* (1689). Morton identifies a "nervous consumption" or "nervous atrophy" where "individuals lose their appetite [...] 'purely from a Morbid Disposition of the Blood, or Animal Spirits" originated "in the System of the Nerves and Fibres" and that does not come from "any other preceding Disease'" (Stryer 11). Dr. Robert Whytt also underscored psychological food refusal, both self-starvation and purging. In 1764, Whytt "described a wasting of the body […] which was not due to medical illness, nor was it specifically from the brain or nervous system but instead seemed to come from an 'unnatural or morbid state of nerves, of the stomach, and intestines'" (Stryer 12). As I will discuss more in later chapters, tubercular forms of consumption seemed to coexist with a second form of passion disorder.

Even after the medicalization of anorexia nervosa, early twentieth-century physicians looked back to the eighteenth century for its theorization of disordered eating. Samuel Gee in his 1902 *Medical Lectures and Aphorisms* draws from two important examples to describe "Nervous Atrophy," "a disease, almost peculiar to young women, which is characterized by great loss of flesh and of appetite for food" (38). He identifies Richard Morton's description of Phthisis, meant to "signify wasting,

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consider that uses the term "anorexy."

consumption, [and] atrophy of the whole body," which was distinguished as "Atrophia vel Phthisis nervosa," as significant in the medicalization process (38). By 1795, Joseph Townsend explains, in his discussion of "anorexia *melancholia*" in *A guide to health being cautions and directions in the treatment of diseases* (1795), that loss of appetite, in addition to digestive problems, regularly arose "from fear and grief" (396), making it one of the possible ways in which "grief" could be destructive and fatal.

Distinctions in use of the term "consumption" provoke debate in the history of disordered eating, specifically, and the social history of illness more generally. One question that emerges is whether post-eighteenth-century consumption is similar to its use in the eighteenth century. In addition to its medical value, this term has a rich literary usage that indicates personality traits and temperament. In his work on Romantic literary representations of consumption, Clark Lawlor takes issue with the suggestion that eighteenth-century consumption reflects contemporary use of the term anorexia. He instead argues that want of appetite in consumption was solely an effect of material influence on the body. Lawlor contends that nervous forms of consumption, or a "a phthisis pulmonalis," are still tubercular illnesses as a nervous consumption develop "when the morbid matter producing [passion] falls chiefly upon the lungs" (51). Considering that he minutely engages with mechanist medical theories when making this suggestion, Lawlor's hypothesis is well founded. Anita Guerrini nevertheless notes in her study of Dr. George Cheyne's attempts to define consumption that the term "pthisis pulmonalis" is too vague and too loosely employed to bear any resemblance to its use after the eighteenth century (Guerrini 109). Although I seek to clarify the medical sense of this term in chapter 4, I hesitate to accept any concrete use

of the eighteenth-century concept of "consumption." Medical writers obviously wish to capture the biological experience of this idea, but because its cultural use remains fluid over the century, it is best considered within the specificity of a given text. Literary texts give the impression that writers and readers knew what "consumptive" meant when associated with other character traits or within a specific socio-economic and gendered setting. It is likely that this term gained its figurative potential from its flexible application. In sentimental literature, representations of a "consumptive" heroine suffering from appetite loss do not always include signs of tubercular illness, such as coughing, with or without blood, or trouble breathing, and instead emphasize stubbornness or hardheartedness as the origin of her condition. But wasting heroines are not the only ones who suffered from disorders of appetite.

Towards the late eighteenth century, "insane" self-starving patients began to receive new treatments reflective of the time's progressive models of health. By crediting the period as one that viewed psychological eating abnormalities as sickness, rather than simply as symptoms of nervous illnesses, Segesser proposes an alternative stance on the issue of treatment of asylum patients. Suggesting that general belief held that patients could be cured when hospitalized, Segesser claims to "move away from the social control model [of asylums] because it can reduce the motivations of the many other groups who supported the advance of psychiatry" (8). In addition, her unwillingness to view psychiatric treatment as inherently oppressive practice is justified. Her argument that late-eighteenth-century physicians sincerely intended to heal through moral therapies, medicines, and other treatments is supported by other historians (8). Elizabeth Williams's work on Phillippe Pinel's development of the

feeding tube during his tenure at the Salpêtrière acknowledges his ethical concerns. Viewed as a new model of physician for an underlying empathetic concern in his treatments, Pinel broke with the belief that the insane were akin to untamed animals. Instead, he believed that insane patients who starved themselves required a minimum level of physical well-being through nutrition before healing could begin (Williams 135).

The good intentions of individual physicians, however real they may have been, are, unfortunately, far from the only factors to contribute to medicine's institutional moral and social authority. It is in an understated rhetoric of the body politic, enacted through repetition, rewriting, and reappearance, that a system of social control emerges. In an article on medicine as social control, Irving Kennith Zola establishes criteria for asking how medical practice, specifically by association with religion and legal institutions, asserts a moral framework of illness and health. Zola explains that the institution of medicine systematically influenced the 'rights' and 'wrongs' of society by its retention of an exclusive right to undertake certain procedures, to define illness, and prescribe cures, in addition to demanding access to otherwise taboo areas ("the inner workings of our bodies and minds") (495). More importantly, Zola argues that it is vital to understand that the historical roots of medicine were "inextricably interwoven into society" (488)—a point I take up from multiple perspectives over the course of this project. While my goal is to not argue for a hard and fast view of medical standards of appetite as a *conscious* effect of social control, I do view the medicalization of dietary illness as socially influential on post-eighteenth-century politics of gender and class, as well as race and ethnicity. The rise of dietary medicine

may have been even *more* influential to the history of women's dietary illness than the classification of disordered eating. Because Zola suggest that part of the "the satisfaction in seeing the chains cast off by Pinel" was the possibility to "neglect examining with what they had been replaced" (490), I believe it is more valuable to look beyond practitioner goals to see the ideological consequences of medical success, trial, and error.

Illnesses of Size, an Eighteenth-Century Affliction

Within the tricky business of medical classification was a science of sociability, and discussions of food refusal bared the mark of new forms of politesse. Over time, as the illness of appetite loss took on new meanings and connotations, "thinness" slowly became a visual sign of the state of the appetite. In a recent study, Carolyn Day argues that by the end of the eighteenth century, to appear visibly consumptive was "chic." An emphasis on paleness, thinness, and delicate nerves meant that consumption's "symptomology operated within the established patterns of attractiveness" (84). By the end of the 1700s, Day argues thinness had new, contradictory meanings. It was pious and angelic as well as fashionably morbid. Day's work considers women's abstinence from food in a very different context than Segesser. With her focus on the asylum Segesser studies cases of patients, from the physician's perspective, who are often locked away against their will. By contrast, Day looks at food refusal, often as an affectation, within fashionable society. Yet, it is important to note that these forms of food refusal existed at the same time, and with a range of manifestations in between. Food refusal had different meanings in different parts of British society. If it was

interpreted as a sign of madness, instead of an affectation of women's fashionability, response varied greatly.

The intellectual history of thinness as a model of feminine beauty prior to the nineteenth century is a complicated affair. "Thinness" may not yet have been a clearly contained, valued concept, but excess flesh, in men and women, was increasingly viewed as a vulgarity. Likewise, the habits or temperaments which were seen as preconditions to fleshiness came to be deemed unsuitable for upper classes. For Segesser, this would suggest that gender prejudices have been historically overstated in debates on food refusal (12). Believing the social difficulties generally associated with modern-day eating disorders to be unacknowledged by late-eighteenth-century medical literature, she states that "[i]ndividuals who manifested disordered eating in the years 1750-1830 almost never explained such using the language of idealized body types, familial oppression or patriarchal suppression" (12). Although she rightly notes that, in addition to women, men occasionally suffered from deathly loss of appetite[2], her study refers only to male-authored medical literature, thus sidestepping alternative discussions of eating. She states that while "[s]everal historians of eating disorders have equated the suppression of the appetite with sexuality and [treated it] as an expression against patriarchal sterility," such correlations are "impossible to judge from an almost total silence on this issue in this period" (86). While I am likewise hesitant to accept the view that women's food refusal is a fundamentally or unwittingly "feminist" gesture, I do believe that religiously oriented eighteenth-century medicine

[2] Morton's case of an eighteen-year-old man who died from want of appetite is recognized by some as "the first complete and modern description of anorexia nervosa" (Bempoard 225), but most historians, like me, do not readily accept this suggestion.

made a particular effort to control narratives of alimentary abstinence.

There was a nineteenth-century obsession with physical thinness that has traditionally served as a signpost for the historical debut of modern forms of disordered eating. Eighteenth-century thought tells a more complicated story. In considering how weight phobia separates the "religious late medieval" faster from the "private anorexic," Tilmann Habermas explains that anorexia nervosa is not only self-starvation, but a mental illness in which self-starvation, also appears as a symptom accompanied by weight phobia. (Habermas 14) He nevertheless notes that the apparent absence of weight obsession prior to the medicalization of anorexia is not enough to suggest that psychological forms of disordered eating behaviors did not previously exist. He contends that the current history of eating disorders may rest on a few incomplete conclusions as to the onset of weight phobia:

> Research on the history of eating disorders presents competing conclusions regarding the historical continuity versus discontinuity of AN and BN. The disagreement is mostly created by differing views on the reliability of historical sources and on whether weight phobia should be used as a central criterion for differential diagnoses also in historical research. (Habermas 6)

Habermas states that although the first examples of weight-control as an effect of disordered eating behaviors date to the late nineteenth century, after the work of Gull and Lasegue, many factors indicate weight phobia was alive and well much earlier. One possibility is that physicians considering women's self-starvation were not yet aware of common appetite control habits used by women and young girls (5). A second

suggestion is that historians and psychologists have conducted research that "did not prepare [them] to see" evidence of weight phobia. Habermas is critical of historians who take arguments "at face value" by engaging with secondary material only, instead of considering primary historical documents. In light of these discrepancies, he suggests that "weight phobia probably emerged in single individuals some decades before it was first described in the 1870s" (6). As Habermas writes, "The designation for *weight phobia* may appear to be not always a precise description, because volume, form, fat or weight may be feared" (Habermas 9). I share Habermas's concern that historical documents on women's eating and abstaining have often been too readily taken as objective medical documents by modern standards. Rather, when one examines them as cultural products of the period, their literary qualities, especially the use of rhetoric, narrative selection, and fiction, stand out. I believe it is necessary to read these male-authored texts with their literary counterparts, as would have been the case for eighteenth-century readers. Alongside the official classification of medical terminology is an "unofficial," though incredibly influential, story of women's food refusal.

With help of a literary analysis of medicine and narration, my work uncovers, in part, a rather colorful tradition of writing about women's food refusal. Because practitioners could use fictional anecdotes to demonstrate truth in medical writing, a topic I consider in chapter 3, the accuracy of treatises on women's food refusal was therefore questionable. Moreover, rather than searching for modern ideals of the thin body in the eighteenth century, it is important to ask what the body ideals of this time looked like—visually *and* textually. This includes asking how the body was theorized

more generally. How was it thought to interact with other forms of being, whether socially in relation to other people, or personally in its relation to the mind and soul? Or how did the body facilitate interaction with the divine? These questions were central to eighteenth-century inquiry. For this reason, I rely on scholarship that has established eighteenth-century literature and medicine as inseparable epistemological cultures, and that accordingly insists on the need to review the history of women's health from multiple angles.

Exploring the way gender informed models of bodily health can help establish how the "sense" of food refusal was theoretically feminized by eighteenth-century medicine. Gail Kern Paster's claims, as many have, that humoural theory was "inherent[ly] misogyn[istic..] because a key aspect of 'humoralism' was that it privileged heat, and viewed the apparently colder, wetter female body as inferior" (cited in Read 15). Although medical texts grant that both men and women can suffer from dangerous appetite loss, women's material make up was especially volatile. Paster argued that "the coldness and sponginess of female flesh, relative to the flesh of men, become traits of great ethical consequence by explaining the sex's limited capacity for productive agency, individuality, and higher reasoning" (Read 15). Common belief held that women suffered from a physical reign of the passions, which made them less able than men to control feeling. Richard Brookes' 1754 treatise *The General Practice of Physic* explains that hysteria was a "spasmodic-convulsive affection of the nervous system proceeding from the Womb, and caused by the retention of Corruption of the Blood and Lymph in its Vessels; and more or less infecting the nervous parts of the whole body" (161). As food refusal could be linked

to a hysterical condition, it was often a symptom of a physically feminine problem. I intend to clarify this point throughout my dissertation.

In order to move toward that goal, I ask, if men also suffered from loss of appetite in the eighteenth century, why was eighteenth-century nervous atrophy eventually remembered as a "disease, almost peculiar to young women," linked to emotional or psychological turmoil (Gee 39)? In a treatise from 1902, Samuel Gee, citing Morton's treatise on consumption, summarizes eighteenth-century nervous atrophy as often affecting a melancholic young, unmarried woman who thinks "that people take not sufficient notice of her, […] thinks that she is misunderstood, [and] fancies that she is censured or judged hardly. She becomes irritable and passionate, envious and jealous, timorous and sad" (41). To this, she attaches "the perverse notion" that one "can live without food" (41). Gee looks to Gull's mid-nineteenth-century "portrait" of a seventeen-year-old sufferer as "the very picture of pathetic resignation, worthy of a mediaeval saint" (41). While Gee clearly has his mind made up on the personalities of female patients who do not eat and is writing at a time after the "official" medicalization of psychological food refusal, his use of eighteenth-century medical literature alongside Gull's is valuable to the considerations of my project. While I should restate that I do not trace the illness of anorexia nervosa backwards into the eighteenth century, I would note that historical debates about classification are important for a few reasons. First, while attempts to create a transhistory of anorexia have been challenged in almost all recent works on food refusal (as I do), the fluidity between eighteenth-century and nineteenth-century thought deserves nuanced attention. Some critics, like Elaine Showalter, have drawn a connection between the

disappearance of eighteenth-century hysteria and the onset of anorexia in the nineteenth century. My work may contribute to evidence supporting the idea of a shift in the social expression of women's food refusal illnesses, but this is not my goal.

Rather than pondering a pre-nineteenth-century existence of anorexia, I suggest that the groundwork for modern ideals of diet, appetite control, and notions of dietary illness was laid by eighteenth-century thinkers—but I maintain that this was not the exclusive territory of medical writers. In particular, the personality judgements passed on female patients, which is also to say the "personality" of women's food refusal, took on its character through eighteenth-century political, religious, and philosophical debates. It is for this reason that I highlight the importance of the specific eighteenth-century history of these ideas. Even if eighteenth-century medical descriptions of appetite disorders do not appear to comment on weight phobia in the sense of obsession with a number as it appears on a scale, debates on overconsumption reflected the time's gendered politics. Viewed as insatiable consumers, unable to resist the influence of shopping, reading habits, heavy eating, and, of course, sex, a feminine constitution was thought too weak to self-govern. New cultures of dietary medicine sought to help. Dietary medicine, like appetite disorders, did not overtly carry gendered distinctions in theory or treatment, but when it is considered within the culture of eighteenth-century thought, especially the time's body politics, gendered bias comes to light.

The Rise of Dietary Medicine

Because of its reputation as a time both voluptuous in desire and austere in

everyday life, it is assumed that eating in the eighteenth-century remained circumstantially restrained, and that consequently, eating habits were dictated by need. Recent scholarship shows otherwise. Notably, Sarah Moss claims that starvation by famine was increasingly rare as the eighteenth century progressed:

> Literary criticism, particularly where it is concerned with children's literature, sometimes assumes that instabilities in food supplies or employment were sufficient to tip large numbers of the poorest British people into starvation. The evidence of food supplies or agricultural history suggests that this is not so. Even in the Highlands and Islands of Scotland in the closing decades of the eighteenth century, when the impossibility of sustaining rapidly expanding populations on poor land provided most of the rationale for the Clearances, although mortality rates rose during the hardest winters and epidemics were more frequent and caused more deaths than at other times, very few people died of malnutrition. In both history (Peterloo) and fiction (*The Wanderer*), the prospect of imminent starvation is always greeted with an outrage that confirms its rarity. (To be short of food is to suffer an insult rather than to endure a fact of life, however poor the sufferer.) (Moss 11)

As the British Empire expanded, and more people became able to choose what to eat, fears of famine dwindled. A "historic fear of wasting away," which once "dominate[d] people's minds," faded (Rogers 172). Fleshiness lost earlier positive significations as it transformed into something unsightly. According to Richards, by the late eighteenth century, overeating became "a financial possibility for many middle-class as well as

upper-class families, and cases of gout greatly increased. Physicians began to devote their attention to the eating habits of their patients, to promote a restrained appetite, and to rely on abstinence rather than bleeding as a cure" (Richards 40). Ken Albala agrees that changes in national wealth made "obesity a lucrative medical specialty and the object of medical controversy" (Albala 170). With larger groups of people now able to choose what and how to eat, eating took on new values, and so did abstaining.

Appetite control was proposed from the late seventeenth century, when an upsurge in medical literature on the dangers of overeating and excessive fleshiness "brought obesity into the limelight" (Albala 171). Albala cites the German physician Karl Christian Leisner's 1683 dissertation as a forerunner of medical trends that produced the first seeds of diet culture. As Albala explains, Leisner's dissertation outlines a strategical medical movement to pathologize fat. Prior to the eighteenth century, fat was not yet negatively associated but rather had positive connotations, and was often regarded as a "form of life insurance" for those "perpetually facing hunger" (Albala 177). Leisner evoked the example of fattening Venetian women for marriage and warned that while images of fat informed beauty standards at the time, health risks hid underneath. For Albala, Leisner's comments offer alternative images of the body: Leisner is also explicitly aware that he is trying to change the reigning opinion by pointing out all the threats to health that obesity poses. "Praise of obesity can be easily disparaged if we weigh the dangers," claims Leisner (177). These comments, Albala argues, "provide[] fairly good evidence that fear of fat was introduced into peoples' minds by physicians, rather than any new standard of beauty" (177). Efforts to pathologize fat resonate with the practitioner's desire to build a successful medical

practice and persona.

In England, a similar movement was under way, but unlike Leisner, who used transcontinental examples, British physicians constructed theories of corpulence as a "English" problem. Lucia Dacome notes that English physicians, specifically Dr. Cheyne, Dr. Thomas Short, and Dr. Malcolm Fleyming, introduced into English thought a connection between "uncontrolled growth and precocious death" (Dacome 186). In pointing to Short's statement that "no Age did ever afford more Instances of Corpulency than our own," Dacome explains that these treatises establish overeating as an epidemic of its time (Short cited in Dacome 186). In his 1727 treatise *Discourse Concerning the Causes and Effects of Corpulency*, Short recognizes the value of body fat for example, as a physical embellishment at the same time he advises modifying the amount one carries: "It beautifies the Body, by hiding the gaping Interstices of the Muscles, which would make the Body appear less agreeable and beautiful" (Short 33). He also notes that physical comfort and health rely on a certain quantity of fat to serve as a "Pillow for some Parts of the Body to rest upon," thus preventing circulatory blockages (33-4). Short's treatise is very unusual in its nuanced efforts to define problems of body fat. As his previous comments note, too little fat, just as too much can be equally harmful. Short strives for more balance in his dietary recommendations than most of his peers.

In discussing the dangers of fat, Short establishes a scale of size where risks of ill health come from the extremes. Beginning his chapter on the "inconveniences" of fat, he first asserts the benefits of physical leanness, yet argues against extreme thinness, in stipulating that he

> do[es] not understand by lean People walking Ghosts, or living Skeletons, who have an Atrophy of *Marasmus*; but means those who have a thin Habit, consistent and accompanied with Health, which has neither sensible Superfluity, nor Deficiency of animal Juices. On the contrary, I do not speak of that suitable and becoming Fatness which is attended with Health, Pleasure, Activity, and Strength: but of the Fatness which renders Motion or Action, if continued for a very few Hours, troublesome, painful and uneasy, which to others is grateful and delightsome. (39)

In describing corpulency as physically opposite, yet pathologically equivalent to emaciation, Short addresses "morbid" forms of appetite disorders (39). While it is clear that he advises cautious treatments for dealing with excessive body weight, others proposed harsher techniques.

By arguing that excess caused mental disturbances whereas sobriety calmed the mind, the first physicians of dietary medicine capitalized on a national panic around nervous disorders. Dr. Malcom Fleyming's *A Discourse on the Nature, Causes, and Cure of Corpulency* (1760) builds on many aspects of early-eighteenth-century treatises on health and diet, specifically in establishing the danger of corpulency. Flemying's treatise pulls no punches in defining corpulency as a "burthernsome and dangerous" disease principally caused by overeating, a relaxed diet, a natural laxity, thick oily blood, poor evacuations, and further aggravated by physical and mental indolence. Fleyming allocates less space than Short to understanding the state of corpulency, instead dedicating his text to a discussion of cures. He at first suggests

reducing food intake to one “lean and plain” meal a day (11). “Frequent purging, if it could be brought on safely,” he writes, is another “speedy and effectual means of reducing Corpulency” (Fleyming 16). Fleyming amends the suggestion of purging for weight loss by warning against its overuse. Because abusing vomits may damage and weaken the body, he advises they be used in moderation and in combination with restricting one's eating. Next, Fleyming moves forward into what appears to be the principal concern of his treatise: the ingestion of soap. Fleyming advocates the use of soap as the best internal medicine to rid the body of excess fat: “diuretic medicine, which hath that quality in a singularly eminent degree; and is withal so safe, as that it may be taken in large quantities every day for years together, without remarkably impairing the general health” (Fleyming 19). Inspired by the science of stain removal, he argues that, because soap may remove oily “animal filth” from linens, it may also remove the fattening oil from the blood and body in order to restore its “cleanness, sweetness, and whiteness” (21). Despite the scientific logic behind Fleyming's cure of corpulency by soap, it appears in hindsight to be little more than a dangerous fad diet, one charged with metaphors of interior propriety.

With the development of dietary anxiety came the revolutionary and perilous belief that the body was malleable to the will, if only the will was strong enough to change it. Because of the stomach’s influential role in health, the first measure against illness was often adjusting one's diet. Eating habits came to seriously reflect character. According to Roy Porter, “within this framework, illness was standardly read not as a random assault from the outside, but as a significant life-event, integral to the sufferer's whole being, spiritual, moral, and physical, to his or her humoral balance, and to his or

her life-course, past, present, and future" (Porter, *Flesh* 49). In addition to indicating imbalance, illness resulted from human error, brought on by faults at once "personal," "internal," and reflective of "lifestyle" (Porter 50). At the same time, although corpulence symbolized ill health, ill values, and ill morals, it was a powerful indicator of status. As Dacome explains, corpulence had two sides: "it fell at the center of the tensions and contradictions of a society divided between the calls for moderation formulated within the culture of politeness and the interest and passions inscribed in the ethics of trade and consumption" (199). In a recent article on weight in the eighteenth century, Sander L. Gilman even suggests that the new tendencies to "fat shame," or to mock someone for his physical size, made "[f]at men across the continent […] uncomfortable in public" (439). In addition to Cheyne, important figures like Dr. Samuel Johnson described the discomfort they felt when viewed through the optic of their girth. Yet, because fat also "signaled haleness and financial Means" it remained a significant marker of wealth (Gilman 440). Because, as Porter claims, the soul became increasingly "corporeal" in the eighteenth century, it was constantly debated within the parameters of dietary medicine (Porter 48). The stomach was a privileged bodily space of transformation through which the outer became inner. Eating was seen as a conceptual point of departure for uncovering the mysteries of inner material and immaterial experience. But as eating behaviors were looked to as an optic for examining the moral self, they quickly became a new site of traditional ideological tensions.

Feeling, Reason, and Dietary Restraint

Dacome writes that a tendency to overeat was seen as "a distemper that made one lose control over one's actions and movements, and could be cured by means of self-control" (189). Nowhere is this view more pronounced than in Dr. George Cheyne's influential medicine. Born in Aberdeen in 1671, Cheyne was a Bath and London based Scottish physician who catered to England's upper classes. After his studies in natural philosophy, Newtownian physics, and mathematics, he became a disciple of a senior Jacobite physician, Archibald Pitcairne, and eventually earned his medical degree from King's College in Aberdeen. Cheyne became a household name by the 1720s, after publication of *An Essay on Health and Long Life* (1724) and the famous *The English Malady* (1733). It was in these works that Cheyne sought to define the correlation of melancholic dispositions and diet. Cheyne's work focused on the body's perceived vulnerability to the passions and appetites. While these terms are not quite synonymous, passion and appetite influenced one another. He defines the passions as "the sentiments produced on the soul by external objects, either spiritual ones immediately or material ones by the mediation of the Organs of the Body" (1724 152). His theory was simple: good diet meant good health, while poor diet inevitably led to self-destruction. Like many thinkers of his time, Cheyne hypothesized a mutual influence between passions and appetite. For Cheyne, the body was a sophisticated "machine," composed of "an infinite Number and Variety of different Channels and Pipes, filled with various and different Liquors and Fluides" (1733, 4). By "their Structure and *Mechanism*," the passions convey "Motion to the *sentient* Principle in the Brain, or the *Musician*" (Cheyne cited in Barker-Benfield, 8). Because the passions influenced behavior and action, unregulated passions could seriously damage the

physical flow of bodily experience, as well as the way the body existed socially. Cheyne was especially concerned with the power of outside influences, whether they be physical, moral, or spiritual, on the body. He intended to strengthen the barrier between self and the outside world with dietary cures.

This early example of nerve theory, one that imagined the body as deeply intertwined with the spirit through pipes and fluids, made Cheyne famous, as did prescriptive methods aimed at mastering the passions. As G. J. Barker-Benfield explains, feeling was "material" in the early eighteenth century. Cheyne described "*feeling*" as "Impulse, Motion, or Action of Bodies, gently or violently impressing the Extremities or Sides of the Nerves, of the Skin, of other Parts of the Body" (Cheyne cited in Barer-Benfield 8). Barker-Benfield notes that theories of sympathy were an important component of eighteenth-century medicine's understanding of the body as a machine. Juliet McMaster also explains that even though the "familiar four humors were still part of the picture," they were falling out of fashion (McMaster 4-5). The workings of the mind and imagination continued to be "determined by the physical makeup of the body. And passions and affections of the mind were still considered as among the six "Non-naturals," the conditions beyond the body, such as air and food, which nonetheless affect it (McMaster 4-5). As the passions gave the body its sense, it influenced one's knowledge of desire. This meant that without proper supervision, the passions could lead one astray. Medical theory therefore suggested that control of the material manifestation of the passions, keeping them fluid, would protect from illness of all sorts.

Simply put, the circulation of fluids, as a standard of health, took precedence

over humoral balance. Eighteenth-century illness was viewed as a result of bad machinery, a pretense equipped with a vast metaphorical register. Sophie Vasset writes that physicians no longer defined illness as a stagnation of the humors or the product of "bilious" and "choloric" temperaments, but as a result of lifestyle (Vasset 38). "Distemper or disease," writes Barker-Benfield, "was represented by the weakening or breaking of this "machine" or "instrument" (Barker-Benfield 8). The logic of the body, once disrupted, needed to be reset or corrected to regain health. Cheyne countered "high" or "elevated" passions with his semi-vegetarian milk and seed lowering diets. These regimens meant to "cool" his patient's constitutions. Rather than selecting foods he considered rich, saucy, spicy, "thick," Cheyne suggested simple, refined meals. He regarded food from the colonies as dangerous to the English sensibility. Alcohol, too, was discouraged. Despite suggesting dietary moderation, Cheyne relied on a language of self-domination. Low eating, in that it contrasted with gluttony, fortified the soul, as it laid a foundation which made morality visible through performances of appetite control. If a thin physique was not the immediate goal of lowering diets, it was certainly a positive result. Cheyne correlates less flesh with positive feeling and more flesh with negative feeling—the lighter one felt (and looked), the better health, physical and mental, he was said to be in. Moreover, he does not hesitate to condemn those who do not heed his warnings: the ignorant eater would be the most "Voluptuous and Unthinking" (1733, xii). Thus, dieting was not only for those who were (or wanted to seem) rich and pious, it was for the intellectual elite, too.

New theories of "good" eating medically grounded self-control as a tenent of polite society. Cheyne's influence on eighteenth-century thought and beyond is

remarkable. According to Barker-Benfield, he

> [e]mbodied the campaign for the reformation of manners *and* consumerism. At one symbolic nerve center where the culture's language was being generated, one finds a compressed combination of luxury and guilt, fashion and self-denial, sensuality and purgation; within such spirals, in fact, produced by them, was the elevation of ambiguously susceptible nerves, whose state could be a sign of social superiority and Christian grace, or of weakness and nervous disorder. (15)

The eighteenth-century science of diet developed in a complex, contradictory culture in which the politics of eating and abstaining emerged as a soulful-moral bodily performance, as well as a lucrative new business of health. John Coveney writes that "[e]mbedded in the science of nutrition has been a spirituality of the Enlightenment which has always been mortgaged to ethical (ascetic) principles of living" (Coveney 78). Despite presenting 'scientific' models of eating, most discussions of food were anchored in moral discourse that bare the influence of new class mentalities. Coveney cites Cheyne in particular in this regard:

> Since our wealth has increas'd and our Navigation has been extended, we have ransack'd all parts of the Globe to bring together its whole Stock of Material for Riot, Luxury, and to provoke Excess. The Tables of the Rich and Great . . . are furnish'd with Provisions of Delicacy, Number and Plenty, sufficient to provoke, and even gorge, the most large and Voluptuous Appetite. (Cheyne cited in Coveney 67)

For Cheyne, the importation of foreign goods drastically damaged England's physical

and mental health. An influx of gastronomical irritation, from his perspective, would destroy the English constitution without proper medical advice.

The socio-cultural anxiety that underlies Cheyne's medical claims on overindulgence was characteristic behavior for the up-and-coming physician. McMaster explains that the "physician was expected to be psychiatrist and moralist, too" (McMaster 4). Medicine was not simply healing; it was also the "business" of teaching "the habit of virtue" (McMaster 4). Because one form of indulgence was thought to elevate the body's general desire for excess, overeating was portrayed as a type of gateway drug that could send the sufferer on a dead-end quest for sensorial satisfaction. Whereas Cheyne's success lay in his subtle bedside manner, others were more heavy handed about their moral preoccupations. The Physician Hugh Smythson warns that dangerous appetites for food and alcohol develop into an unbridled sexual desire, which he sees as equally, if not more dangerous:

> But there is another species of intemperance not less destructive than either of those we have named: the passion which tends to the propagation of our species is often too perverted; and those desires, which were intended, under the regulations of reason, to contribute to the happiness of mankind, are suffered to become inordinate, to degenerate into vice and wickedness, and to become the source of a thousand ills. (99)

In speaking of sexual appetites, in a chapter on food, he considers it his own and his colleagues' "office to warn those who are under the violent influence of lawless appetites, that the effect of indulging them is sure and fatal" (99). Hunger was a

disruptive, poisonous passion. Because excessive appetites for food easily led to other indulgences, like sex, they were not only dangerous for the gluttonous individual but for the structure of collective society.

Within moral medical warnings against overindulgence resides a philosophical concept of appetite that was infused with the conflicting ideals of reason and sensibility. In the mid seventeenth century, Thomas Hobbes briefly described the role appetite had as an influential motivator of human life. He writes that as opposed to the "*Vitall*" motions, such as "the *course* of the *Bloud,* the *Pulse*, the Breathing, the *Concoction*, *Nutrition*, *Excretion*," or the spontaneous bodily functions which require "no help of Imagination," appetite is among the *"Animall*" motions whose execution and satisfaction demand premeditation, which he names "ENDEAVOUR" (Hobbes 118-9). When the interior movement of "Endeavour" incites "visible actions" like "walking, speaking, striking" in search of a given outcome or object, it is a manifestation of "APPETITE, or DESIRE" (119). Hobbes notes that, in common usage, the term "appetite" often refers to "*Hunger* and *Thirst*" whereas "desire" is the "generall name" for feelings that spark action, but he often uses the two interchangeably. "Desire" compels a movement towards what is loved, whereas its contrary, aversion, provokes retreat from that which is hated (119). Appetite is not confined to the realm of the purely physical, nor to the purely mental, but is situated at the frontier between the two.

If, according to Hobbes, the appetite for food appears from birth, other appetites develop through experience. He writes:

Appetites of particular things, proceed from Experience, and triall of their

> effects upon themselves, or other men. For of things wee know not at all, or believe not to be, we can have no further Desire, than to tast and try. But Aversion wee have for things, not onely which we know have hurt us; but also that we do not know whether or not they will hurt us or not. (120)

Appetite, as Hobbes would have it, takes form through interaction with one's surroundings and experience, making it deeply personal. It is changing throughout life and can therefore become refined or perverted. Moreover, as he situates the individual at the center of a moral divergence of Appetite and Aversion, he correlates one's moral views with personal appetites. The object of appetite or desire is that which man "calleth *Good*: And the object of his Hate, and Aversion, *Evill*" (120). Such a unique, experience-based sense of moral living anticipates the next century of controversy on the quality and validity of appetitive guidance and bodily wisdom. Stating that perspective implies a righteousness of action, responsibility, and rationality. Hobbes seemed aware that his outlook would not be widely shared.

Within the sway between appetite and aversion emerges as space where the will may be identified. Hobbes writes that production of action meant to satisfy the "last Appetite, or Aversions [...] is that wee call the WILL" (127). Here, Hobbes sets the terms for a debate that propels forward the next hundred years of inquiry on eating and abstaining: how does the appetite, a superficial level of being, express the deepest workings of active being, or will? Or perhaps, how do the actions taken to satisfy the appetite expose the intentions of the will? The interpretative problem posed by these theoretical questions is at the heart of this dissertation's study of the progress of science through the medical categorization of appetite.

Throughout the eighteenth century many thinkers would attempt to go much further in establishing a philosophy of eating that proves rational experience. But, Hobbes, although writing much earlier, anticipates later interpretive challenges:

> The Definition of the *Will,* given commonly by the Schooles, that it is a *Rational Appetite,* is not good. For if it were, then could there be no Voluntary Act against Reason. For a *Voluntary Act* is that, which proceedeth from the *will*, and no other. But if in stead of a Rationall Appetite, we shall say an Appetite resulting from a precedent Deliberation, then the Defintion is the same that I have given here. *Will* therefore *is the last Appetite in Deliberating*. (127-8)

The insufficiency of a description of will as a "Rationall Appetite" creates multiple complications for the ideals of appetite. For Hobbes, the will is not synonymous with appetite, but is the last drive to action incited by an appetite or aversion. He therefore argues for a notion of the will that is devoid of an intrinsic essence or ultimate absolute intention. In fact, from a Hobbesian perspective, an unveiling of an absolute essence of will would be impossible because of the occasional overlapping, simultaneous embodiment of the passions:

> And though we say in common Discourse, a man had a Will once to do a thing, that neverthelesse he forbore to do; yet that is properly but an Inclination, which makes no Action Voluntary; because the action depends not of it, but of the last Inclination, or Appetite. For if the intervenient Appetites, make any action Voluntary; then by the same Reason all intervenient Aversions, should make the same action Involuntary; and so one and the same action should be

both Voluntary & Involuntary. (128)

Despite Hobbes's demonstration of the murkiness of defining which actions derived from the passions are voluntary or not, I aim to show in later chapters that many thinkers tried to do precisely this throughout the eighteenth century. The increasingly institutionalized moral-medical framework of food refusal which follows Hobbes works against the idea of appetite as fluid. Instead, diagnostic models of dietary illness and prescriptive models of dietary medicine move forward on the premise that the rational appetite is one which is captured and contained. Many creating the ideals of dietary virtue proceed from a perceived point of appetitive action (eating) towards a tempering of the will. However, my dissertation shows that personal *aversions* to food were associated with a stubbornness of the will. This connotation would come to characterize women's radical emotional withdraw from food. The desire to make the will legible through appetite performance drives eighteenth-century models of dietary virtue.

Hobbes participates in the desires of his time to name, define, and understand the appetites and passions, at the same time he recognizes the impossibility of doing so with complete accuracy. He writes, "[t]he formes of Speech by which the Passions are expressed, are partly the same, and partly different from those, by which we express our Thoughts" (128). This articulation of the passions echoes parallel medical descriptions as it, too, posits the legibility of appetite. Complete with a grammar of its own, it "differs not from the language of Reasoning, save that Reasoning is in generall words" (128). Representations of appetite through words remain somewhat limited: "[t]hese formes of Speech, I say, are expressions, or voluntary significations of our

Passions; but certain signes they be not; because they may be used arbitrarily, whether they that use them, have such Passions or not" (129) The language of the passions, as Hobbes describes it, exceeds the scope of verbal language. Body language therefore came to take precedence over verbal language on the premises that the physical manifestations of the passions were intrinsically more reliable than words. As Locke explains, the abuses of language may arise under various conditions. Among the "several wilful *Faults and Neglects*" that diminish the potency of language are conscious and unconscious misuses ranging from a limited grasp of ideas, an ambiguity or inconstancy of speech, and an intended manipulation of words (Locke 313). Therefore, the "best signes of Passions present, are either in countenance, motions of the body actions, and ends, or aimes, which we otherwise know men to have" (Hobbes 129). An incorrect articulation of the passions could be for a fault of language or a fault of intention, or simply a misidentification or a lack of understanding of one's experience. Authors of the first dietary tracts veered slightly away from the Hobbesian view of appetite as pregnant with valuable personal knowledge and experience. Although they endorsed the legibility of the appetite, interpretation was best reserved for the learned physician, who could accurately interpret the passions from an exterior optic. In light of the hypothesis that one could be easily mislead by the appetite, dietary management became the *rational* choice for moral good living.

Dietary Virtue and the Feminine Appetite

Interpretation of body "language" or "image" would become a method to read

the passions and the intention. Wollstonecraft, for example, sought to discourage superficial appetite performance as a means to communicate delicacy—which she held as an insincere means of self-expression. Instead, she accepted that restricting sensorial indulgence, such as what was encouraged by the cultures of luxury and fashion, allowed reason and virtue to naturally blossom. Sincere appetite control, she suggested, could alternatively express a positive image of one's self as a rational thinker. Wollstonecraft's anecdote on her distaste for the woman boasting of a puny appetite makes clear that the *performance* of food refusal and appetite control to express a delicate nature is antithetical to rational endeavors. Her suspicion that the feminine appetite derails women's liberation is, in fact, a common effect of rational culture's inherent misogyny. Dietary medicine's pathologization of appetite as an illness of excess supports an underlying view that the female body hinders rational thought. However much this orientation promised positive self-improvement, it continued to propagate a negative expression of women's minds and bodies. When constant self-denial was offered as method to demonstrate right reason, it privileged masculine corporeality and intellect at the expense of the feminine.

Interestingly, male medical and spiritual writers (who were often arguing much earlier for domestic ideals Wollstonecraft despised) also represented the feminine appetite as detrimental to reason. This principle then allowed male medical writers and spiritual writers, those, like Cheyne, to "defend" themselves as rational thinkers. Cheyne was constantly shielding himself from being seen as a quack and an enthusiast. I believe one way he built up the "rational" quality of his work was by scapegoating the feminine appetite. For example, Cheyne's coupling of femininity with feeling and

illness had obvious spiritual connotations. Barker-Benfield notes that Cheyne "linked women's nervous disorders to their appetite for consumer good," specifically coffee, tea, chocolate, and snuff (28). Feminine nerves also caused suffering for men. Barker-Benfield explains that "Cheyne linked sedentary male intellectuals and women together as persons who, while scorned 'among the multitude, for a lower degree of lunacy,' in fact suffered on account of their talented nerves" (24). Cheyne thought nervous disorder affected

> 'those of the liveliest and quickest natural Parts, whose Faculties are the brightest and most Spiritual, and whose Genius is most keen and penetrating, and particularly where there is the most Sensation and Taste, both of Pleasure and of Pain.' Yet, however delicate a man's system, it was firmer that a woman's. Cheyne's gendering of the nerves, although usually implicit, was fundamental to his thought. […] [H]e characterized the decline of the heroic virtues of the ancients as 'effeminacy' and, therefore, nervous disease. Similarly, Cheyne wished to reconcile the prehistorical origins of the body to the account in Genesis of Eve's creation out of Adam's rib: he suggested that the human body's firmness and strength, its 'original Stamina, the whole System of the Solids, the Firmness, the Force, and strength of the Muscles of the Viscera, and great Organs' were 'owing to the Male." (Barker-Benfield 24)

In opposition to male firmness was the fluidity of feminine juices, those lax parts of the body that dietary medicine sought to discipline. Cheyne insists that women, with "finer, weaker nerves 'determined' by God and science, are unable to achieve the same mental or physical force as men" (Barker-Benfield 24). If Cheyne's gendering of nerve

theory subtly appears in his medical treatises, his case studies more clearly demonstrate the importance of gender in his dietary advice.

Anita Guerrini shares this belief, noting that Cheyne's legendary lowering diets were prescribed to women far more than men. Believing the physician to be somewhat infatuated with the feminine, she writes that his "imagery and his specific therapy of taming the passions through diet and God are based on an essentially feminine idea of spirituality and the body" (1999 286). At the same time, his cures are often more radical than he proposes. I agree with Barker-Benfield's statement that Cheyne ultimately insists than "men can stand in the way of [women's] appetites" (28). Whether it be by way of a husband's, a preacher's, or a physician's advice, a disembodied rationality of women's dietary restraint emerged through male intervention. Confrontation between masculine reason and feminine sensibility characterized the discourse of appetite control, as well as dietary illness, throughout the century.

As appetite was situated at a metaphysical boundary between the exterior and interior selves, it was one of a few ostensible indicators that could 'confirm' a woman's nature; or, otherwise stated, the image of appetite control represents the self. Weight as a measure of size, and the modern "obsession" with thinness as a beauty standard, is an external indicator for assessing and controlling eating habits, and while they are distinctively post-enlightenment, I argue they are rooted in eighteenth-century dietary anxiety. Discussions of women's eating habits and food refusal explore a shift in focus on the inner self to the exterior body. As a spiritually significant phenomenon, appetite control aestheticized the moral ideals of desire, will, soul, and self. Self-control

through alimentary restraint intended foremost to temper the soul—and over time it became a performative practice capable of making visual moral claims. Beauty was, of course, not set aside for the sake of moral readings of the body. It was recognized within them. As having less flesh came to represent a pious soul, the developing alignment of thinness and piety became an ideal in its own right through an actively articulated scale of dietary virtue.

On this point, I look to comparable discussions of the propriety of eating, such as those of the spiritual writers William Law and John Wesley. Unlike those who mocked Cheyne's sober dietary advice, they endorsed his moral theories of eating. Both were closely connected to Cheyne by personal and literary acquaintance. Guerrini explains that Law, with his influential treatise *A Serious Call to the Holy Spirit* (1728), wrote for the same aristocratic readers as Cheyne's in Bath. Wesley, on the other hand, cast a much wider net through his religious endeavors promoting the Methodist faith. Recognized as popularizing Cheyne's principles of eating, Wesley's *Primitive Physick* (1747) made available the ideals of rational eating to diverse audiences and lower classes (Guerrini 288, Turner, Coveney, Rivers). Whereas Cheyne softened the spiritual tone of his medicine to build up his practice and public persona, Law and Wesley, as obviously religious writers, emphasized the spiritual theory of eating in a way Cheyne could not. These types of endorsement of Cheyne's ideas were key in the creation of the modern preoccupation with rational diet. Chapter 5 will explore the late eighteenth-century Methodist transformation of women's food refusal into a self-perfecting practice. For now, I look to Law's treatise as an overtly prescriptive model of dietary virtue, one which represents a crucial understudied moment in the history of

women's food refusal.

Law's *A Serious Call* drove forward eighteenth-century evangelism in England, Wales, Scotland, and the American colonies. Isabel Rivers explains that Law may seem an unlikely inspiration in this movement, as his dislike for Methodism and Calvinism, and his sympathy with for High Church and Roman Catholic practices, were well known (633). Despite his "never hav[ing] considered himself an evangelical," his influence is undeniable (633). Written for those in fashionable, wealthy, and educated eighteenth-century society, Law's treatise sought to convince readers "to learn to renounce the pursuit of worldly happiness, submit themselves to the gospel, and devote themselves to God" (635). Rivers explains that Law offered his writing as a guide for readers to avoid social ills by purifying practices of Christian perfectionism (635). He seeks to convince his readers with a series of examples by which temperance and proper living can be measured. His didactic dramatization of the feminine appetite illustrates the avoidance of sin by following new ideals of dietary virtue. In *A Serious Call*, Law includes a chapter on how to live when the "Necessity of Labor and Employments" are of no concern. Money and estate, he proposes, are divine gifts that come with certain responsibilities. He argues that the upper classes must remain worthy stewards of their wealth only if they engage in acts of devotion, charity, and prayer. Indulging in the latest fashions, consuming rich food, and luxuriating in laziness, he warns, are seriously damaging to the soul, especially because, unlike obviously "gross sins" which most would avoid, these faults are harder to acknowledge and correct. To avoid the traps of upper-class lifestyles, he proposes that wealth is an opportunity for those who have it to practice a sincerity of faith in

habits of prudent restraint. “It is […] the duty, therefore, of such persons,” he explains, “to make wise use of their liberty, to devote themselves to all kinds of virtue, to aspire to everything that is holy and pious, and to please God in the highest and most perfect manner” (Law 38). Law urges readers to rely on angelic inspiration because “the more you are free from *common* necessities of *men*, the more you are to imitate the *higher* perfections of *angels*” (38). According to Law, angels, in addition to their proximity to God, are to be emulated for their ability to exist without need: “The infirmities of human life make such *food* and *raiment* necessary for us as *Angels* do not want” (42). Although he recognizes the limits of the human condition, specifically “the need to eat […] and to clothe oneself”, he notes in the following sentence that one must remain wary of what the body demands:

> …but then, it is no more allowable for us to turn these necessities into *follies* and indulge ourselves in the luxury of *food*, or the vanities of dress, than it is allowable for *Angels* to act below their proper state. For a reasonable life, and a wise use of our proper condition, is as much the duty of all *men*, as is the duty of all *Angels* and *intelligent beings*. These are not *speculative* flights, or *imaginary* notions, but are plain and *undeniable laws*, that are founded in the *nature* of rational beings, who as such, are obligated to live by reason, and glorify God by a continual right use of their several talents and faculties. So that though men are not *Angels*; yet they may know for what ends, and by what rules men are to live and act by considering the state and perfection of Angels. (43)

Interestingly, when Law draws a parallel between “liv[ing] by reason” and “walk[ing]

in the *light* of religion," he grounds his arguments in rationality (38). But, in doing so, he also founds his notion of rationality on a sincerity of intention. According to Law, to be a pious Christian is to constantly seek to surpass the limits of the human condition with devoted austere living. Later parts of this dissertation show that the emulation of angels, specifically women's, came with its own political framework. I will return to this point later. For now, I would suggest that Law's notions of pious self-denial are more complicated than he claims. What emerges is that "indulgence," as a volatile concept, was all too conveniently open to interpretation and could be arbitrarily applied.

Immediately following his comments on angelic living, Law exemplifies piety in the motif of women's alimentary abstinence. He offers an anecdote to emphasize his theories of Christian living. His use of female characters to demonstrate the subtleties of appetitive impiety are in line with the time's association of excess desire and vulnerability with women. Law introduces Flavia and Miranda, "two maiden sisters that each of them have *two hundred pounds* a year" and who, despite being raised in the same family, engage in distinctively different methods of life management once they inherit their share of the family estate (53). Flavia, a "wonder to all her friends," is social, fashionable, and "very *Orthodox*," however, despite being "generally at Church," she is, as Law hopes to show, superficially religious. He encourages readers to acknowledge her underlying flaws, or, as he frames it, the subtler ways of sinning. Flavia is idle, especially worrisome of her health, and superficially charitable. She prefers to spend her money on books and clothes than being charitable. In this self-indulgent life, her religious engagement is weak. As Law writes, "*Flavia* would be a

miracle of piety, if she was but half as careful of her soul as she is of her body" (55). Her sister, Miranda, on the other hand, is especially careful of her soul, but this is not to say, as maybe Law would have it, that she is not concerned with her body. Miranda engages in a constant denial of physical desire. More concerned with her spiritual progress than her sister, Miranda emulates angelic experience by attempting to limit need as much as possible. She is sincerely devout and charitable, as she voluntarily shares her wealth with those without financial privilege. She also rejects the luxurious education learned "from her mother," and that limits her sister's piety (59). Law's not so subtle suggestion that the taste for excess is inherited from the mother, that it is a feminine characteristic, is a common eighteenth-century trope, as well as a moment of translation between medical and spiritual theories of appetite control. We recall that Cheyne identifies the feminine juices, inherited from the mother, as those which encourage the body's material laxity and causes physical disorders with psychic effects. It is this same feminine inheritance that Cheyne's lowering diets aim to reduce—a logic that gives meaning to Law's anecdote.

An embodiment of modest living, Miranda denies herself food and clothes without falling into a prideful "indulgence" of self-sufficiency. Instead of claiming to live without any need, she accepts the conditions of her physical restrictions. Law is careful to remind readers in a later anecdote that starving oneself by refusing all food and drink is an act of blasphemy comparable to feasting as an "epicure" (74). Rather than attempt to surpass her limits, Miranda follows a model of disinterestedness that will allow her to forget herself and exist for others. Law offers a vivid description of how piety appears in her person:

> If you were to see her, you would wonder what poor body it was, that was so surprisingly neat and clean. She has but one rule that she observes in her dress, to be always clean and in the cheapest things. Everything about her resembles the purity of her soul; and she is clean without because she is always pure within. (61)

Miranda's simulation of ideal, clean, and content poverty should be related to Law's proposal that food refusal is a prerequisite to feminine virtue. As I will explain in chapter 3, food refusal among lower-class women was far from celebrated. Often, these women were publicly condemned and at times punished for claiming to live without eating as some believed God removed their need for food. That serious food refusal is here a symbol of Miranda's piety is all the more indicative of its acceptance as an upper-class technique to combat an inherited feminine vulnerability to the sway of appetite.

Although Law does not state that thinness is a visible quality of Miranda's piety, it is an unstated implication of his insistence that she eat next to nothing. Praising this character of his creation for her pious restraint, Law states that Miranda adheres to the following scriptural tenent: *Whether ye eat or drink, or whatsoever ye do, do all to the Glory of God* (61-2). A paragon of virtue, Miranda "eats and drinks only for the sake of living, and with so regular an abstinence, that every meal is an exercise of self-denial; and she humbles her body every time she is forced to feed it" (62). With the support of scripture, Law interprets living for God as living for others. In Miranda's case, this means suppressing the desires of physical self and eating only the minimum to live. Law clarifies the nature of this abstinence by writing the

following:

> If Miranda was to run a race for her life, she would submit to a diet that was proper for it: but as the race which was set before her, is a race of holiness, purity, and heavenly affection, which she is to finish in a corrupt, disordered body of earthly passions, so her everyday diet has only this one end, to make her body fitter for this spiritual race. She does not weigh her meat on a pair of scales; but she weighs it in a much better balance: so much as gives her a proper strength of her body, and renders it willing to obey the soul, to join in psalms and prayers, and lift up eyes and lift up eyes and hands toward heaven with greater readiness. So much is Miranda's meal. So that Miranda's eyes may never swell with fatness, or pant under a heavy load of the flesh, till she has changed her religion. (62)

This ideal rests on an unstated misogynistic belief that the feminine appetite, the physical, is sinful. Self-restraint, like Miranda's, recognizes the corrupt nature of her body, and by eating only enough to live, she recognizes the dangers of her own. Law's anecdotes enact an eighteenth-century wish for visible proof of sincerity, authenticity, or a truth of intention. Here we see a simultaneous need to convince oneself of one's sincerity, as well as others. He complains that for most, "religion lives only in their head, but something else has possession of their hearts; and therefore they continue *year* to *year* mere *admirers* and *praisers* of piety, without ever coming up to its precepts" (Law 52). This principle, situated at the boundaries of debates on feeling and reasons, was rife with the anxieties of empiricism and discovery.

When building his model of piety by fusing together preexisting notions of

women's physical and intellectual weakness and emerging theories of appetite control, Law authorizes a form of feminine dietary virtue that will continue to dominate Western thought for centuries to come. While it may seem that Law simply advocates the renewal of the ascetic female saint ideal, his emphasis on Miranda's charitable disinterestedness, or her willingness to live for the sake of those around her, takes the meaning of female asceticism in a slightly different direction. Carolyn Walker Bynum explains that in the Middle Ages, religious "[w]omen's devotion was more characterized by penitential asceticism, particularly self-inflicted suffering" (Bynum 26). Extreme food refusal was one well remembered ascetic method. If a religious woman's fasting ended in death, it was not viewed as tragic, but saintly. Bynum explains that "abstinence was less seen as self-control, offered to God in proportion for Adam's sin of greed and disobedience, than as a never-sated physical hunger that mirrors and recapitulates in bodily agony both Christ's suffering on the cross and the soul's unquenchable thirst for mystic union" (Bynum 32). Law's anecdote can be seen to subtly challenge earlier models of religious food refusal. First, earlier religious forms of ascetism appeared mostly used by consecrated women. Law, on the other hand, addresses lay Christians. Moreover, he emphasizes women's social duty. Earlier religious women's asceticism was troubling for some Church officials as it promoted women's direct relationship to God and allowed women, as it was thought, to ignore religious authority and social order. A self-control model of food refusal contrasts in intention with earlier women's asceticism that foremost valued the private and individual, not social, spiritual experience. Law's model shifts the meaning of self-denial. In contrast to her sister who is sensitive to society's pleasures, Miranda refuses

food to enhance her self-control.

Law's text also transforms medical theories of excess by describing the social contexts that inflame the passions, corrupt the heart, and weaken the soul. In pointing to moments or acts to avoid, he makes sin medically material. Eating is not a metaphor for other forms of appetite indulgence. For Law, it is an act that takes a piece of the outside world, brings it into the body, and nourishes visceral wants in a transformative act. He proposes that restricting eating can also temper other desires. He also provides clues on how to read intention in women's eating habits. In this theorization of eating and abstaining, Law draws a link between women's eating habits and their souls' sincerity and piety.

The wide distribution and renown of Law's *A Serious Call* in many editions throughout the century suggest that it contributed to establishing gendered norms of dietary virtue that many readers took to heart. His exemplary anecdotes of appetite control confirm that as overeating became a growing concern, not only medical advice and commercial fashions but also religious conduct books were recommending self-denial with dietary control. In particular, *A Serious Call* provides evidence that, as early as the 1720s, women were encouraged to practice appetite control in upper-class society. Eating and abstaining from food were idealized by dominant strains of thought as the key to unlocking women's "true" nature—whether as a reflection of their spiritual, sexual, romantic, financial, intellectual, or political intentions. In later sections, I intend to show that that gendered models of dietary virtue Law proposed circulated in various communities throughout the eighteenth century and eventually set the stage for post-pathological expressions of women's food refusal and appetite

control. Considering Law describes Miranda as a "sober, reasonable Christian," does he propose women's appetite control as a demonstration of right reason (59)? Moreover, is "eating for the sake of living" a ceaseless practice of self-denial that brought forth new precepts of femininity?

"Dropsy Courting Consumption": Appetites of Fashion?

Law's model of virtuous self-denial brings us back to Wollstonecraft's own disdain for phony feminine appetite suppression. Indeed, by the end of the century models of women's sincere and insincere food refusal appeared common enough to elicit satire. Among Thomas Rowlandson's witty medical caricatures is his 1810 satire on body image and illness entitled "Dropsy Courting Consumption." In this portrait of two lovers, Rowlandson satirizes the interrelated moral deficiencies of the medical, commercial, social, and emotional consumption figured by contrasting personas of gross overeating and of fashionable self-starvation. Situated before a mausoleum, a corpulent man dressed in flamboyant clothes kneels at the feet of a haggard wasting woman, in fashionable clothes. Their flirtatious gestures bring coquetry to the foreground of the image, blinding them to their proximity to death, as well as their surroundings. Rowlandson's drawing of this self-absorbed pair reproduces and rewrites dominant discourses on appetite. By merging medical, spiritual, and class anxieties, he portrays the feminine appetite as truly deadly. Its ability to rot the inner self surfaces on the body through as a contagious disorder. A wild, unstructured appetite for food is inseparable from one's appetite for fashion that nourishes vanity. As the early dietician Flemying writes, "Diseases, like other faults and imperfections, are, in a general way,

to be attached and conquered by remedies, opposite or contrary to the causes that brought them on; and that is exquisitely the case with respect to Corpulency" (Flemying 10). The juxtaposition of a willfully self-determined corpulency and an equally willful and devastating emaciation in medical literature bubbles over into popular culture by the end of the eighteenth century. The woman's thinness and the man's obesity are inverted on the background of Rowlandson's image—a fat woman and a thin man walk arm in arm beneath a muscular classical nude marble male sculpture. The sculpture, a nod to ancient masculine body ideals, looms high alongside the sickly couple in the foreground. The print criticizes their obsession with appearance as a lack of self-discipline associated with dropsy and consumption. These illnesses are personified by figures of compulsive appetite, whose proximity to death is hidden from them by their personal taste for excess. Rowlandson's representation of dropsy and consumption depends on the viewer's presumed ability to decode the symbolic import of his satire. In this sense, his image was in no way a novel reference to pathological overeating and undereating. He clearly relies on the popular opinion that these illnesses result from moral failures of self-control. In a whirlwind of consuming vanity, the woman longs for attention, the man longs for her. Although both man and woman are disfigured by appetite disorders, the feminine appetite is the central ideal that eclipses the masculine ideal behind her.

By the end of the long eighteenth century we find a shared, yet paradoxical, posture as to women's food refusal. Contempt for women's fashionability, like Wollstonecraft's, framed performances of appetite as farce of sensibility, while a love of modesty (which demanded a transformation, or which could be seen as a policing,

of women's desire) through disciplining feeling led to rational appetite control. To some extent, this message is shared by models of spirituality which held that strict appetite suppression was a moral, Christian obligation. As seen with Cheyne and Law, controlling the appetite was intended to dominate some sort of feminine essence. Cheyne's dietary medicine, or Law's overtly religious polemics may have put forth a now familiar expectation: that correct appetite suppression comes from a women's personal *belief* that it is the chosen path to rational living. Wollstonecraft's much later proto-feminist philosophy is ideologically and politically distinct from Cheyne's and Law's writing but it also displays suspicions on women's sincerity, self-knowledge, and vulnerability to the feminine appetite. As I will show in the following chapters, this model would prove impossible to put into practice. The suggestion that a woman can successfully convince others of a sincerity of intention through the optic of the controlled body is a theory that tends to fall flat.

Thomas Rowlandson, *Dropsy Courting Consumption,* 1810

Chapter 3

Medical Myths and Fictions of Female Fasting

Before the 1800s, female fasting was in an epistemological flux, often considered, sometimes simultaneously, through fantastic, enthusiastic, or natural philosophical explanations. Yet whichever school of thought dominated, women's food refusal usually remained associated with youth, modesty, and chastity, either being undertaken or appearing after puberty and before marriage. When framed as a practice, instead of being called an illness, women's food refusal was viewed as one of many ways to engage in a religious penance. By refusing food at great lengths, medieval female fasters drew local attention that often, from an exterior perspective, considered them living symbols of faith and sacrifice. By the early modern period and into the eighteenth century, public displays of female fasting took on new meanings, but tensions over medical and religious authority remained. Although religious female fasting was a prominent Catholic medieval practice of penance, it was, as Carolyn Walker Bynum has elegantly demonstrated, only one of many physical penitent methods. Others included sleep deprivation, self-flagellation, lying on a bed of thorns, or sucking out pus from the wounds of the sick. Traces of mysticism found in women's medieval spiritual practices distinguished them from men's, where paramystical phenomena (trances, levitation, stigmata, etc.) were less common. Moreover, as Bynum explains, women's fasting was used as "self-inflicted suffering" within "penitential asceticism." (Bynum 26). Medieval women's penitential abstinence from

food did not promote self-control but the experience of "a never-sated physical hunger that mirrors and recapitulates in bodily agony both Christ's suffering on the cross and the soul's unquenchable thirst for mystic union" (Bynum 32). With the eighteenth century, a discourse of self-control came into the foreground of understandings of women's radical withdraw from food.

Despite food refusal being one of a combination of religious women's practices of penance in the Middle Ages, it became a practice in and of itself. Extreme food refusal provoked questions on interior strength by testing the limits of human and feminine experience. The possibility that women's food refusal expressed their divine strength troubled those social theories—religious and medical—that depended on a logic of feminine inferiority. Given the theoretical implications of the possibility that a woman might live without eating, the authenticity of complete food refusal became a serious business.

> Stories of miraculous fasting women constituted a popular folk tradition in both Protestant and Catholic countries well into the eighteenth century. By and large, these stories were religious, in that they always testified to the divine providence of God, but they were not theological; they made little difference between Protestant and Catholic doctrine. All of the stories rested on a common narrative principle: the faster did not die despite inanition and refusal of food over periods of time ranging from weeks to decades. Life without food was the miracle at the heart of the story. (Brumberg 50)

While claims of abstinence were once understood as a way of saying that a woman ate

very little, "[a]uthenticity was an emerging concern in seventeenth-century stories" (Brumberg 50). Some critics, like Vanderyecken and Van Deth, have suggested a gradual process of secularization made more people hesitant to believe in the possibility of miracles, with the result that they regarded readings of women's food refusal as self-gratifying performances for money and attention (Vanderyecken and Van Deth 50). The gradual shift from clerics to medical men in judgement of the authenticity of female fasters has also been highlighted as evidence of the process of secularization. Documents on fasters, however, tend to paint a more complicated story. As Sonia von t'Hof notes,

> The growing employment of physicians seems to attest to the start of a medicalization and secularization process, but this is not quite correct. It was for technical reasons that the investigation of fasting was relegated to physicians: they could establish whether a person really abstained from food. However, in the sixteenth and seventeenth century physicians generally continued to believe in the possibility of miraculous starvation. (t'Hof 71)

If miraculous food refusal remained worthy of inquiry even at the end of the eighteenth-century, the cleric was rarely distinguishable from the physician. As judges, they assembled together as educated gentleman before anything else, and many simultaneously held religious and medical credentials.

Writing on female fasters shows a religious-medical cooperation that seeks to maintain or establish shared goals of a nationalist, masculine, middle-class authority. As Vanderyecken and Van Deth aptly note, despite the fact that "many treatises on food abstinence as a medical problem were published in the same period in which

fasting girls created a furor, the question of whether a disease might account for the miraculous fasts did not concern physicians too much." I aim to work through this paradox of practice and progress. If methods of examining and interpreting female fasting were in transition after the Restoration, so were women's explanations of why, and especially how, they lived without eating. A critical difference that distinguishes medieval from early-modern and eighteenth-century fasting is the autobiographical narrative: miraculous girls no longer fasted "*for* God but *through* God: through their miraculous survival He demonstrated His existence" (t'Hof 71). This new formula was fraught with contention because it took even further women's ability to exemplify a heavenly strength; it claimed they were divine conduits. Because it proposed the possibility of an individual connection with God, "[p]rodigious fasting was a sensitive theme in Restoration England" (Schaffer 186). Critics tend to agree that the treatment of miraculous stories changed as new advances in print culture made them more available and more popular: "from the seventeenth century on, when regular newspapers increasingly reported on the latest events, miraculous maidens also frequently figured in this medium. Due to improved means of communication, many a fasting girl became a spectacle attracting crowds of visitors" (Vanderyecken and Van Deth 50). Some feared these stories began to have more influence than when the spread of such stories was merely by word of mouth. Medical judgement on female fasting is often explained as an effort to control the spread of any information that supported the miraculous, and the threat of serious punishments sought to deter women from engaging in any fraudulent practices: "[t]he consequences of detection were serious, including possible banishment, imprisonment, or even execution" (t'Hof 71). Class is a

telling factor in this chapter. Whereas upper-class women were diagnosed with disorders of "delicacy" when they experienced want of appetite, a point I consider at length in the next chapter, working-class and rural poor women were "too hearty to fall ill" (Malson 59). The documents make cases to deny rural women's sickness along with their intelligence.

While histories of self-starvation contain impressive information on the historical context of cultures of female fasting, most spend little or no time considering the literary qualities and cultural contexts of the medical storytelling. My goal is to fill this gap. I follow Sara Read's example when, in her work on early-modern women's health and menstruation, she treats medical texts as literary sources. As she aptly explains, "to read the texts as purely scientific theses would be anachronistic as the divide that now exists between science and literature had not yet happened, and many medical texts were written by university-educated men using the full extent of the rhetorical techniques that they had been taught" (Read 3). While the primary concern of writing on female fasters is the authenticity of women's food refusal, the political roles and ambitions of those creating these documents, and especially curating the watches, require its own inquiry. Taking these documents as wholly, or even partially truthful, risks silencing the epistemological hierarchies at play in these cases. This chapter therefore considers the rhetorical and literary qualities of a network of material written on female fasting in eighteenth-century Britain. The personal impressions, feelings, and suspicions of the writer make up the bulk of their arguments. Furthermore, when the information in formal documents trickles down to the anonymous, somewhat journalistic treatise, little "science" remains. On the whole,

their "diagnosis" has less to do with naming a physical ailment, than with condemning rural women's moral and social transgressions.

I thus call attention to these documents for the *stories* they create around female fasters. In light of their ability to blur the distinction between fact and fiction, I consider how they were written, presented, and circulated. While some of these texts were destined for Royal Society readers as medical inquiry, alternative versions also existed for a public who, for reasons of faith or curiosity, value the presence of female fasters. Writers may claim to examine female fasters out of concern for national duty, scientific progress, or, interestingly, the preservation of *true* miraculous fasting, but their covert efforts to manipulate the experience, words, and bodies of rural women surface as attempts to influence and control the beliefs of the female faster's local community. My goal is to explore how medical men claimed an exclusive right to define the experience of female fasters. Notably, the habitual interpretation of symptoms as farce unsettles claims that physicians foremost sought to improve medical knowledge—it points to a deep mistrust of poor women that accompanied the rise of medical 'practice.' I argue that the wave elitist manipulation of fasters' experiences ultimately produced new ideologies of eating and abstaining with new orientations to class, race, and gender. In the first section of this chapter, I discuss how new forms of medical inquiry in the late 1660s recast folkloric interpretations of female fasting within new models of circulatory health. I then ask how, by the end of the century, new theories of the body promoted traditional views of feminine disorder.

Female Fasting in an Eighteenth-Century Context: Questions and Concerns

In eighteenth-century Britain, a mutual participation of patient and practitioner was said to create conversations about illness. On one hand, patients "picked up medical talk through consultations with their physicians and by reading books. And conversely, doctors striving to form a diagnosis remained, through the eighteenth century, utterly dependent upon scrupulous attention to the 'histories' recounted by the patients themselves" (Porter 1988 137). Roy and Dorothy Porter insist that medical practice relied on dialogue, but this does not mean that each participant's voice resonated with the same authority. As medical knowledge was yet to be constructed by a "single, fixed medical vocabulary," the process of deciding on terms of illness "often involved fraught issues of fashion, power, and moral connotation" (Porter 1988 137-8). By formalizing diagnosis over the century, physicians reserved a power to define and interpret a patient's experience. The patient's story functioned as one narrative among others, a verbal account of the inner body to be read in the context of simultaneous physical manifestations of illness. The physician maintained a role that, from the perspective of those engaged in pushing forward medical inquiry, required him to decide which elements of a patient's story were of use. This interpretative technique included sifting through remnants of folkloric models of health, evaluating elements of gossip, or assessing the patient's credibility. Conversation was a largely one-sided interrogation as the patient's personal summary of health became the domain of the physician, who deemed himself most versed to tell the patient's *true* story.

Although access to knowledge and a capacity to accurately reason were represented as credentials for reinterpreting a patient's personal history of health, I

show at various points in this dissertation that the physician's social status also mattered. Maintaining a professional medical persona required constant management. An awareness of social habits could make or break a physician's reputation, which meant that different patients received different treatments. Medical writing on female fasters exemplified this reality. As they were stuck somewhere between patient and mystic, their stories provoked questions on the nature of divine life and its interaction with the body. Physicians who examined their cases, sometimes voluntarily, sometimes by contract, were expected to clarify much more than the material workings of the body. The role of immaterial experience was also always at stake. Because eating involved the movement from material to immaterial (in that ingesting food nourished the body that maintained the spirit), women who were believed to live without eating were provocative case studies for those who sought to theorize unseen life.

Living without eating was particularly evocative of holy or supernatural debates because, as Simon Schaffer explains,

> To live off air or odours, to waste away voluntarily and spectacularly, were widely recognized as marks of sanctity. In cultures where the deportment of the body and judgement of its capacities were crucial marks of grace and social rank, these stories carried considerable philosophical, medical and theological messages. (Schaffer 172)

Schaffer notes that as physicians grew increasingly eager to negotiate these messages, they were cautious not to undercut biblical fasts.

Many instead gradually opted for medical language or theories that explored material possibilities for living without eating. Interest in the workings of the soul,

however, never diminished. Despite an apparent transition from views that angels or demons fed fasters to suggestions that they might actually live on nutriments absorbed from air, the intangible, invisible aspects of life surpass the medical man's knowledge, and he wanted to know what they were. Even when, by the beginning of the nineteenth century, most physicians held that "nourishment could only be derived from the stomach and that living on air was nonsense," members of the British Royal College of Surgeons continued to contemplate the possibility of living on air as late as 1808 (t'Hof 73). For t'Hof, "[t]his indicates that the portrayal of physicians as a secularized and rational vanguard who refuted religious and irrational beliefs on miraculous fasting is too simple. The physicians differed among each other in professional beliefs, and in this sense, they did not differ from the general public" (t'Hof 73). My chapter supports t'Hof's statement. Visitors who travelled to see female fasters were curious about the origin of possession, if it was holy or demonic, and the fasting woman's reputation was often targeted as the key to discovery. Audiences of scholars, clergy, pilgrims, and skeptics asked a loaded question: could a woman truly be elevated above the material need for nourishment? Many thinkers asked questions on any catalyzing events and any underlying supernatural forces. If fasting could be miraculous, the jury was still out on who guided it. Did God or the Devil enable the alimentary abstinence? Or, more specifically, was hunger itself a benevolent or maleficent condition?

The Commentator's Dilemma: Divine, Patient, or Fraud?

When considering the stories of female fasting it is important to remember that unlike individuals who, by their own desire to seek care, discussed their ailments with

physicians, female fasters did not seek out medical attention. Although some women were clearly sick, others refused to see their food refusal as having an element of illness. Yet, for the most part, women's personal reflections on the fasting experience remain a mystery. Commentators usually include the woman's explanation for fasting behavior, specifically whether or not she considered it miraculous. Because their concerns are shared by the bias of their male storytellers it is impossible to infer how they perceived their states themselves. In this context, the subjectivity of patienthood worked in two ways. A woman may indeed be seen as suffering from a physical and psychic sickness, or a physician may deny her treatment by dismissing her symptoms. Of course, the possibility that these women truly lived without eating made exchanges especially tense.

In a 1668 letter, Thomas Hobbes lays out an unsettling contention within the medical verification of a miraculous phenomenon. Contracted by the local lord to examine the Taylor case, Hobbes describes his impressions of a well-known case, Martha Taylor, a young girl who, in the year preceding her death, could no longer eat. He begins by recounting visible details. He confirms hearsay that Taylor is seriously emaciated: "her belly touches her back-bone" and "for the last six months she has not eaten or drunk anything at all, but only wets her lips with a feather dipt in water" (Hobbes, 20 Oct. 1668, cited in Gee 1902 41). Taylor refuses money from visitors who "see her for curiosity" (cited in Gee 1902 41). Even though her mother accepts these tokens, Hobbes does not believe a desire for money motivates Taylor's food refusal. He writes that "the woman is manifestly sick, and 'tis thought that she cannot last much longer" (cited in Gee 1902 41). The narrative structure of Hobbes letter is similar to

other descriptions of female fasting. First, he highlights how he came to hear about the case, and mentions how such a wildly curious event, the story of a girl who lives without eating, spread. He then describes what is known about the girl's abstinence—when is she believed to have lost her appetite, and why. Another common detail of this form of writing is the reception of their visit by those close to the fasting girl, meaning whether or not the visitor was well received, whether the family cooperated in attempts to solicit information and verify claims of abstinence, and what was the general outside opinion from the faster's community. Although he appears to attach little importance to outside opinions, Hobbes indicates the reception of Taylor's condition in mentioning an elderly woman's description of Taylor's "talk" as "heavenly."

Remarks on the wellness of the body are always included, but they tend to have less importance in the overall *scene* of food refusal. Rather than appearing as observers only, writers tend to insist on their subjective personal experience and interaction with female fasters. Usually hailing from a different location, examiners came with the serious intention of reveling how things "seem." The commentator's impressions, thoughts, and sensations often overwhelm the faster's account of the experience. An autobiographical tone gives this type of writing a unique status. Sometimes categorized as case history, religious tract, medical theory, or personal letter, writing that questions female fasting behavior eludes an easy genre classification. The author's effort to convince the reader of his opinions seems to be the principal narrative goal. Hobbes's letter differs from others in that it displays remarkably humble treatment of a sick faster. Seeming to be expected to gather intimate information on the state of her evacuations to verify whether food "be given her secretly," he hesitates to impose:

> I think it were somewhat inhumane to examine these things too nearly, when it so little concerneth the commonwealth: nor do I know of any law that authoriseth a justice of peace, or other subject, to restrain the liberty of a sick person so far as were needful for a discovery of this nature. I cannot therefore deliver any judgment in the case. The examining whether such a thing as this be a miracle belongs I think to the Church. (cited in Gee 1902 41)

Hobbes sees Taylor as a "sick person" instead of a miraculous maiden and believes she should be treated accordingly. His humility when viewing Martha prompts both questions of medical ethics and the control of knowledge of the body. In acknowledging his discomfort with inquiring into this case, he shows an awareness of the adverse impact that gossip about miraculous events could have on the treatment sick people received. Unable to assume a right to impose on "the liberty of a sick person," he proposes a medical ethic that values her personal autonomy. For Hobbes, it appears unjust to believe that the "truth" of miraculous gossip should be confirmed at all costs. Furthermore, he believes such an inquiry is best left to the church. As later sections show, Hobbes's discomfort contrasts with the entitled attitudes of other texts. Hobbes's account may reflect similar interests and concerns, but his treatment of Taylor is unique.

A second document on Taylor can clarify the high stakes of late-seventeenth-century cases of female fasting. In *A Discourse on Prodigious Abstinence* (1669), John Reynolds also summarizes his impressions of the "Derby-shire Damsell," who, still "emaciated thereby into the ghastliness of a skeleton" (A2), had now survived without eating for twelve months at the time of writing. Rather than simply focusing on

Martha, the main goal of this text is to consider her example in light of his theoretical medical principles of circulation and fermentation. Like Hobbes, Reynolds studied the case at the request by the Noble Earl of Devon (34), but it is unclear whether he saw Taylor in person himself or was writing on the basis of information he received otherwise. Although Hobbes saw little national interest in this case, "[b]y January 1669, Taylor's deeds were being reported directly to the Government" (Schaffer 179). Martha's story only grew in importance with Reynolds' lengthy treatise. Taylor is said to have lost her appetite traumatically after "receiving a blow on the back from a Milner" in December 1667 (33). Weakened and bed ridden, she slowly decreased her food intake until she no longer ate solid foods, but merely fruit syrups, sugar water, or juices, yet in "very small quantities" that were "prodigiously insufficient for sustentation" (33). Reynolds reflects on Taylor's mental state and personality, both what he has been told of her personality prior to the attack and how it has since changed along with her food refusal, as indicative of her authenticity. Finding little fanfare in her behavior, he praises a lack of religious enthusiasm. As he writes,

> I hear nothing of any extraordinary previous sanctity, though since her affliction, being confined to her bed (which lyeth in a lower room, by the fire-side) she hath learned to read, and being visited so plentifully by the curious from many parts, as also by the Religious of all persuasion, she hath attain'd some knowledge in sacred Mysteries, but nothing of Enthusiasm that she pretends unto. (Reynolds 34)

To some, enthusiastic behavior was mere fanfare—a desire for notoriety. Reynolds took Taylor's condition more seriously in absence of holy claims. Moreover, Reynolds

upheld the previous conclusions of others who had studied Taylor. Citing his faith in the surgeons and physicians who had surveyed Taylor for more than a fortnight, he assures the reader that there is little reason to consider her a "Cheat" (Reynolds 34). Reynolds' mention of surveillance refers to a long-standing practice of scrutiny to which rural fasters were systematically subjected. Such watches could last from a few days to weeks, depending on the general consensus. The process of surveillance consisted of "isolating the fasting girl from the outside world and watching her continuously for several days. Usually a cross-examination of those who were involved, and a medical examination of the fasting girl preceded the observation" (Vanderyecken and Van Deth 50). In Taylor's case, Schaffer explains that "During 1668 local gentry nominated about 20 girls to watch her bedside in turn 'to see how she lived, that they might be the better satisfied by the truth'. Thirteen came from her own village—Martha's own generation there, as it has been estimated" (179). Over the century, the status of the watcher grew more important than the faster. By the late eighteenth century, male physicians and clerics had the exclusive right to interpret the scenes of female fasting, while women and villagers were pushed aside.

Schaffer explains that it would have been impossible to consider Taylor without recognizing the presence of spiritual symbols that were associated with women: "Taylor, virginal and abstinent, was following a well-understood pattern when she produced no sweat and took no meat" (Schaffer 182). In citing Bynum's argument that "late medieval Christendom developed an especially somatic female spirituality, 'so much so that the emergence of certain bizarre miracles characteristic of women may actually mark a turning point in the history of the body in the West,'" he underscores

reception of Taylor's sick body as a transformative cultural symbol that continued earlier medieval associations of "the female with the flesh" (Schaffer 182). In contrast to Reynolds's claim that Taylor refrained from religious talk, Shaffer mentions that "[s]he was reported as saying that 'I look upon my preservation without the use of creatures to be the manifestations of Infinite Power for the benefit and advantage of them that fear God" (Schaffer 182). As it is impossible to know what Taylor truly said and felt, contradictory accounts make apparent the efforts of others to speak through her.

Many took advantage of fasting women's limits, whether physical, social, or mental, to support their own endeavors. As Schaffer comments,

> These processes of self-containment became, after the Reformation, increasingly vital weapons in the hands of male interpreters who would use the lives of female religious for their own propagandistic purposes. In Restoration England it was often judged hard to balance the ways of female virtue and of authorship. Taylor was scarcely allowed to represent herself, but was represented by a host of spokesmen. (Schaffer 182)

Disbelief of the women's voice is a central topic in discussion of women's food refusal. As the century moves forward, male writers continued to appropriate the stories of fasting women for personal motives. Reynolds's engagement with Taylor's case makes this apparent. Giving his stated desire to balance miraculous explanations of fasting with the "hot pursuit of substantial Science," his account of female fasting is little more than an anecdote upon which he can build his own medical thought (1). In fact, many treatises show that commentators were not concerned with treating sick

rural women who could not or did not eat.

Reynolds's theory is fascinating for its acceptance of both divine and scientific explanations of human experience. He begins by listing legends, biblical examples, and famous stories of fasting that, according to him, require no further inquiry but may be accepted as holy events. He also lists documents that have previously questioned the mysteries of recent lay fasting. When comparing "legitimate" holy fasts with his time's questionable examples of fasting, he offers a list of criteria which may be used to distinguish real miraculous fasting from fraudulent claims of miraculous fasting. He writes that it would be his

> ambition to advance to the same noble work, were it not our duty to serve those awhile that blot all these stories with one dash of disbelief: that pen certainly drops blasphemy that dares rase [erase] the sacred Records; and that uncharitableness which presumes to write *falsehood* upon humane testimonies, they that assent to nothing not confirmed by *Autopsia* are unfit to converse in humane Societies; for how can I expect that any body should believe me, whilest I my self will believe no body? 'tis an argument to an empty brain to presume to comprehend all things, and there upon to reject those things from existence in the world, that have not their science in its intellectuals. Many things foreign and strange may well be admitted on good testimonies […]. (Reynolds 3)

In founding his scientific inquiry on religious faith, Reynolds establishes a model of proper religious and scientific reasoning. To disbelieve completely, he argues, is to deeply undervalue rational explanations of holy phenomenon. This logic allows

Reynolds to insist on the importance of verifying claims of miraculous abstinence through a scientifically enlightened, yet also faith based, method of empirical inquiry.

Reynolds continues with his advice on how to reconcile scientific and religious belief. Searching for a balance between blind faith and reasonable scrutiny, he warns:

> yet I may not step aside to those in the contrary extreme, that believe a century of such reports with a faith almost as miraculous as these miracles themselves, for so they seem to them...as 'tis humane infidelity to disbelieve all such reports, because some are false, so 'tis superstitious charity to believe all because some are true. Some persons as scant in their reading, as they are in their travels, are ready to deem everything strange to be a monster, and every monster a miracle; true it is, the fast of *Moses*, *Elijah*, and the Incarnate Word, was miraculous, and possibly of some others; yet why we should all make miracles I understand not; for what need have we now for miracles? (4)

In asking the very serious question: "to what end are such miracles wrought?" (5), he justifies scrutiny of fasters as morally obligatory for rational belief and thinking. At the same time, he not so subtly suggests that the endeavors of reasoning are best reserved for educated classes. This reference was likely used to discredit the opinions of fasters' communities. When arguing that those with little education or mobility are "ready to deem everything strange to be a monster, and every monster a miracle," Reynolds argues that rural minds lack the capacity to properly judge. This statement further justifies the impositions of male middle- and upper-class thinkers who made it their exclusive right to control knowledge of the body and spirit.

Similarly, Reynolds insists on the differences between real supernatural

influence and the musings of the superstitious. Because Abstinents (his term for contemporary fasters) fail to produce or predict wondrous biblical acts, as he would expect of a *legitimate* miraculous fast, Reynolds begins his tract by discrediting hypotheses about women's miraculous fasting in the 1660s (5). He does so by reasoning about a person's value to heavenly or demonic creatures. Reynolds takes issue with the claim that fasters are "invisibly fed by Angels" because, as he notes, "'tis incredible that such a favor should be shown to persons of no known sanctity" (Reynolds 5). Alternatively, he disputes demonic possession as another incredible hypothesis:

> Neither is it of easie credibility, that food should be supply'd by Daemons possessing them; for we read no foot-steps of such possession i'th story, and 'twould be strange if the Devil should grow so modest as to content himself with a single Trophy of a captivated rational; and as strange, that cloven foot should not make such inrodes and not leave a double yea redouble impressions. Cousin-germanes to these are the presumers that the Fasters are dead, and acted by Deamons; but this is notion is also incongrous not only to their transmigration, from feeding to fasting without any show of a dissolution, but also to their regress from fasting to feeding (as it happened to some of these) and health again. (Reynolds 5-6)

Equally unbelievable are those who claim the dead bodies of fasters to be inhabited by demons; or who accept the celestial explanations offered by the "admirers of occult Philosophy" (6). In making these distinctions, Reynolds' ideal of progress demands a rupture with folkloric traditions of thought, but this does not mean he disputes demonic

possession, divine interest, or the importance of the soul. Rather, he theorizes supernatural influence as sensitive to his time's social hierarchies of class and gender. Rural fasting women, he claims, are simply not important enough to attract angelic or demonic attention. If women's abstinence was not seen as farce, commentators sought material explanations. On this premise, Reynolds builds a theory of fermentation that looks to new standards of health through a logic of circulatory movement within the body. Yet as his gaze turns inward in an effort to better understand human material life, he also accepts some form of supernatural influence on human experience.

Because a fasting woman's value to otherworldly forces seriously concerned her skeptics and critics, the rationale of supernatural fasting exposes the underlying social contexts of these stories, as well as their potential to disrupt new ideologies of science, faith, and gender. A comparable late seventeenth-century example reiterates the tension over "common" miracles while offering a slightly different perspective. In a letter to the Right Reverend Father in God, Dr. Edward Fowler, Lord Bishop of Glocester, printed in 1696**,** Moses Pitt retells the experience of a young woman's temporary miraculous abstinence from food. Unlike Reynolds, who disputes supernatural influence in young rural fasting women in order to offer new knowledge of the body, Pitt offers his story as evidence "[b]y which the greatest Atheist may be convinc'd, not only of the Being of a God, but also that his Power and his Goodness" (6). It thus intends to inspire its reader to believe in the presence of God in the world and the human community. Ann Jefferies was Pitt's caretaker when he was a child. She joined his family as a part of a local initiative that placed poor children as apprentices among "most substantial People" of the Cornwall parish. According to Pitt, Jefferies,

then nineteen, was visited by "a small sort of Airy People call'd *Fairies*" while knitting alone in the family garden (7). Although Jefferies was known as a daring, brave young woman, the sight of the fairies sent her into a "Convulsion fit" (10). Her health rapidly declined after the visit, and she continued to exhibit her "Distemper" for more than a year after the first sighting. Pitt heard Jefferies's suffering in anxious cries during her violent fits. He describes her constant confusion and desire to resist the fairies' influence. He reports Jefferies's reaching out for God's help and by asking others if they had had similar experiences. Pitt underscores Jefferies's discomfort with the presence of the little persons "dressed in green" (10). Noting that she constantly sought refuge in devotion during periods of "sickness" (11), Pitt draws an image of Jefferies that is humble and faithful. This continues when Pitt begins to describe Jefferies's miracles and subsequent interactions with the fairies.

Jefferies healed Pitt's mother first. He explains that when his mother damaged her leg after falling, Jefferies appeared to instinctively locate the point of suffering. Following the healing, Jefferies is said to begin sharing the original fairy sighting. Writing as Jefferies, Pitt includes an intriguing detailed account of her meeting with the fairies:

> I was one day knitting of Stockings in the Arbour in the Garden, and there came over the Garden-hedg a sudden *six small People,* all in green Clothes, which put me into such a Fright and Consternation that was the Cause of this my great Sickness; and they continue their Appearance to me, never less than 2 at a time, nor never more than 8: they always appear in even Numbers, 2, 4, 6, 8. When I said often in my Sickness, *They were just gone out of the Window,* it

> was really so; altho you thought me light-headed. At this time when I came out into the Garden, they came to me, and ask'd me, if you had put me out of the House against my Will: I told them I was unwilling to come out of the House: Upon this they said, you should not fare the better for it; and thereupon in that Place, and at that time, in a fair Path-way you fell, and hurt your Leg. I would not have you send for a Chyrurgeon, nor trouble your self, for I will cure your Leg: The which she did in a little time. (15-16)

As Pitt emphasizes Jefferies's astonishment at the events; he reinforces her efforts to resist the powers of the fairies. These techniques of character development support Jefferies credibility and, in turn, Pitt's own interpretation of her story as one of divine influence. His attention to miracle healing further points to her influence. Visitors from as far as London came to Cornwall for wonderous care and healing. Jefferies began making medicines and salves with information received from the fairies. Pitt insists that while Jefferies no longer lived in poverty during her healing, she "took no Monies of them, nor any Reward" from those she cured (16).

During this period, Jefferies was reported to receive nourishment from the fairies, and to refrain from earthly food for months. According to Pitt, no longer taking meals with his family, she "forsook eating our Victuals, and was fed by these *Fairies* from that Harvest-time to the next *Christmas*-day," when she ate Roast-beef for the holiday (16). Basing the narrative on his personal experience, Pitt recalls feeling perplexed by the changes in the caretaker's eating habits. On one occasion, he confesses to having peeped through the keyhole of her bedroom door when he saw Jefferies eating bread in private, before a moment of silent prayer. Afterword she

offered a piece of bread to the young Pitt, who describes it as the most extraordinary food he had tasted. He came to believe that this same wonderous food made Jefferies invisible. On a separate occasion when someone visited her, Pitt believed Jefferies was invisible. Although the visitor went to her room, he returned without finding her. Jefferies later appeared, surprised to learn he did not see her as she is to have claimed she was indeed in her room, eating at her table where she saw him enter and leave. Descriptions of Jefferies' abstinence from earthly food function as a strategy to convince the reader that she somehow existed between divine and human spaces. Additionally, Pitt supports a view of ingestion as a possible entrance for supernatural forces into the body. Pitt carefully presents Jefferies as humane, humble, and faithful to reinforce his view that she was an embodiment of divine life in the earthly world.

As Pitt explains, not everyone celebrated Jefferies's miraculous cures and abstinence. Some, concerned she was influenced by the Devil, urged her to cease interacting with the fairies. Pitt reports the local magistrate's especially menacing attention, which he claims had a serious impact on Jefferies, who also feared the fairies might be evil spirits. Although she sought to avoid them, they were irresistible, constantly calling out to her. The fairies, apparently already aware of the magistrate's suggestions, challenged Jefferies's understanding of their influence. They debated their origins (holy or evil) with Jefferies and justified their arguments with scripture, although, as Pitt notes more than once, Jefferies was unable to read. Soon after, Jefferies was sent to the *Bodmin*-Gaol. Pitt suggests, however, that the Cornwall Justice of the Peace, *John Tregeagle* Esq, intended to test the veracity of the phenomenon surrounding Jefferies, as Tregeagle ordered "she should be kept without

Victuals" (20). Tregeagle interviewed those close to Jefferies, and when she survived her time in jail, he confined her in his house. In keeping with watching traditions, Tregeagle wanted to see if, when isolated without access to food or others to provide her with food, Jefferies would survive or die.

Aside from stating that Jefferies did survive the period of surveillance, Pitt provides no information on her confinement. He simply notes that her miracle cures continued once she was released. Considering that he labels Tregeagle as Jefferies's "great Persecutor," Pitt's mention of Tregeagle's behavior towards Jefferies is interesting as it turns the tables, to some extent, on the practices of confining and surveying miraculous fasters (22). Pitt is clearly suspicious of Tregeagle and disapproves of his treatment of Jefferies, both from the perspective of the child narrator and as the adult writer. Pitt sees Tregeagle as invading a narrative of wonder that does not otherwise require his presence. At the same time, Jefferies's ability to overcome persecution is offered as further proof that her experience is divinely guided. Through Pitt's nuanced account of her personality, her refusal of money and fame, and her eagerness to downplay the supernatural phenomenon, he defines Jefferies as embodied divine influence. His use of her story exemplifies an understanding of life through folkloric perspectives that have their own scale of reasoning. Pitt's account differs from others for its sympathetic treatment of female fasters. However, Jefferies serves Pitt above all as a vehicle to advance his own understanding of her experience. Although he claims to tell her story, he is actually telling his own—that of a young boy viewing God in a world he is slowly learning to understand. While it is a powerful story of culturally shared wonder, his experience of the divine erases the violence and

trauma Jefferies experienced. The silence surrounding her confinement, like Pitt's hostility towards Tregeagle, evoke the muted fact of the story—that Jefferies's personhood appeared up for grabs.

Fluidity, Health, and Bodily Truths

While they may differ in motive and style, female fasters' male storytellers share the tendency to engage with rural women's stories for their own theoretical purposes. In the case of Jefferies, Pitt's and Reynolds's perspectives conflict over knowledge of the body. Pitt's tale sees the medical practitioner as out of place in the space of healing, whereas Reynolds claims folkloric accounts are out-of-date. In fact, Reynolds is explicit about his intentions to influence the meaning of miraculous events like female fasting. Arguing against an exterior supernatural influence, Reynolds proposes looking for a response inside the faster's body. He begins by establishing the movement of food through the body in the process that begins with ingestion and ends with excretion, or evacuations like urine, stool, saliva, menstruation, and perspiration. When the normal process of ingestion and evacuation is disrupted, a "defect of fermentation in the blood" damages the body's natural heat and "cork[s] up" the pores (9). The body, then acting as a closed barrel filled with wine or spirits, causes the blood to ferment. Without proper evacuations, the physical constitution may become disturbed enough to cause a slow decline in a "lingering consumption" (9). Offering an explanation of how a faster may continue to live in this state without supernatural influence, Reynolds suggests that inhalation of air may provide some sustenance. He writes that "The Air entering by the mouth, the nose, and pores in parts passing the

various concoctions, may be converted into a humor not altogether inept to preserve the lingering of life ‘o this dying flame” (13). Assuming blockages also disrupt psychic experience, Reynolds finds it unsurprising that many fasters were “Splenetiks before they were Abstinents” (20). In this, he seems to establish a melancholic predisposition to alimentary abstinence. As he explains, “'tis probable that some of these Fasters were more than ordinarily addicted to flegm before their abstinence, which is usual with those whose concoctions are low” (22). By situating want of appetite within the scope of melancholy and addiction, he provides the first medical tones of a *personality* of fasting behavior. As the century moves forward, many male interpreters harden in their belief that women’s difficult temperaments are a cause of food refusal—a point I will later return to when further exploring certain socio-political explanations of abstaining.

In a discussion that privileges models of bodily fluidity, and that turns away from models of health that previously valued a balance of humours, Reynold continues to recognize the influence of flegm, heat, and moisture on the body. According to Sophie Vasset, this is not unusual. Late-seventeenth- and early-eighteenth-century British theories of circulation blended humoral and mechanist ideas, but as the movement of internal fluids gained importance, writers reinforced a mechanist concept of the body (Vasset 35). While Galenic medicine once argued that a healthy constitution came with balance of the humors, by the seventeenth century proper evacuations guided health. As Vasset writes,

> [d]ans une logique de trop ou pas assez, la pléthore entraîne la maladie dont le seul remède est l’évacuation. Pour les médecins du XVIIe siècle, en revanche, le concept de l’équilibre est secondaire. Les humeurs sont des fluides qui

> doivent avant tout circuler. La menace de la maladie vient de la stagnation des humeurs dans le corps. Aussi, les tempéraments bilieux ou cholériques ne sont plus vraiment d'actualité. Le tempérament d'une personne semble moins déterminé par l'alchimie de ses humeurs aux XVIIe siècle qui précédemment : il dépend largement du monde de vie. Bonne santé rime avec mise en circulation des humeurs et il ne tient qu'au patient de les faire circuler. (Vasset 38)

New circulatory models of health offered the possibility to read health through life experience—or inversely to read life experience in the reactions of the body. It is especially important to consider the claim that because sickness was rooted in excess, health was rooted in evacuation. This principle appears in emerging notions of women's food refusal; because abstinence from food had a circular logic of its own, not eating the right things, or at all, could hinder evacuation while blocked evacuations could create eating problems. Furthermore, as Vasset explains, circulatory models of health tease out patient responsibility by giving her an active role, or so it is proposed, in the maintenance of fluid mobility. I believe Vasset's commentary on the ideological shifts of new medical models can help uncover the moral and social stakes of the appropriation of the stories of female fasters throughout the eighteenth century. When acknowledging new efforts to read lifestyle in the body, she hints to a slippage between the physical and the metaphorical value of the fluids. Nowhere else is this slippage more apparent than in medical and figurative discussions of menstrual fluid—a inevitable focus of those writing on female fasting.

Specifically, Reynolds's desire to look inside the body may seem to transgress

gender until he touches on this point. Although the association between amenorrhea and loss of appetite was understood before the 1600s, Reynolds's theory of fermentation attempts to clarify this process. According to Reynolds, seminal humors in young virgins introduce a higher level of fermentation into the blood that is meant to be evacuated by regular menstruation. If not properly evacuated, these humors grow acidic and make women vulnerable to "innumerable diseases," specifically want of appetite (21). For Reynolds, "These things being evidently so, 'twill much strengthen our Hypothesis to observe that most of these Damosels fall into abstinence between the age of fourteen and twenty years when the seed hath so fermented to the blood, that various distempers will probably ensue without due evacuation" (21). Reynolds's theory proposes a specifically feminine cause of fasting behavior linked to the onset of puberty, or sexual maturation. Puberty was viewed as especially dangerous to women's health as it produced new passions, sentiments, and fluids in need of management.

A menstruating body was "regular" in the sense that it followed eighteenth-century medical expectations of health. Nevertheless, no matter how natural and *necessary* menstruation was believed to be, its association with filthreinforced the concept of physical, emotional, and moral feminine imbalance and appetite. Andrew Wear has suggested that early modern notions of menstruation "prov[ed] the logic of humoral theory" because they "reinforced the belief that health consisted in the free flow of fluids through the body" and may have been positively viewed by physicians for their ability to regulate the body by ridding it of excess blood (cited in Read 15). But Sara Read insists that this view fails to take into account underlying beliefs of physical feminine weakness. As she writes, "[m]enstruation was required to correct the

female body's inherent inability to remove unwanted humours through other means in the way that the male body was thought able to" (67). In fact, menstruation was a sign of both health and disease. A window to women's interior life, it was viewed as movement that rendered interior exterior and could provide information on the inner workings of the body. Male interest in fasting women's menstruation reveals the intimate access they expected to gain to the fasters' bodies.

While some of writers seem to maintain their physical distance through intellectual inquiry, this was not always the case. Another account of Martha Taylor's period of abstinence demonstrates just how far some physicians believed they could go in the name of "scientific" discovery. Schaffer identifies the last account on Taylor as be written by Nathaniel Johnston. As a "Cambridge MD of impeccably high Anglican credentials," and like many of his colleagues, his medical and religious personas were one of the same (Schaffer 194). According to Schaffer, Johnston seems to have visited Taylor "with his mind already set on the possibility that the whole story was a fraud formented by dangerous sectaries" (Schaffer 194). Of all the writers, Johnston evinces the most disturbing voyeurism as his medical descriptions quickly take a violent, erotic tone when his perspective shifts from that of an excited observer to an aggressor. Schaffer explains Johnston's letter as "a highly dramatic narrative of unveiling and detection, written not as a pious meditation on a local saint, not a learned discourse in contemporary medical advice, but as a direct and circumstantial report of a remarkably destructive encounter" (Schaffer 194). The letter essentially details an instance of sexual assault sanctioned by medical duty.

In stark contrast from Hobbes's and Reynolds's descriptions of Taylor as sick

and emaciated, Johnston sees her as more robust: “how lively was her face, how bright her eyes, how full her lips and also her cheeks” (Schaffer 194). Although Johnston was likely setting the stage for his argument that her health condition was “in every way like that of healthy people” (Shaffer 194), these sensuous descriptions seem more like those of a conventional romantic than a physician. Their literary resonance is not to be underestimated given the authority accorded to Johnston’s account at the Royal Society, where it served as evidence in determining the legitimacy of female fasting, and perhaps even in a legal judgement against Taylor in which her own voice could never garner a competing authority. In fact, Johnston seems to count on Taylor’s inability to represent, and protect, herself as his visit unfolds. After Taylor explains that “her intestines had fallen out and her bladder removed from its place,” Johnston reports, “without being overheard by those watching, I said that the bladder could not come out without there being an ulcer in the womb” (Schaffer 194). Schaffer notes that Johnston took Taylor’s mention of a tumor as “good grounds for real suspicion,” seeing it as an indicator of some genital or uterine problem that perhaps conflicted with her virginal status (Schaffer 194). Upon Taylor’s avowal of her discomfort, Johnston insisted on having more information, but when Taylor became more hesitant to discuss delicate matters, “he returned the next day to examine her manually, leaving her family outside” (Schaffer 194). Once alone with Taylor, Johnston proceeds with some form of a gynecological examination, “[b]ut the light was so low and the opening so narrow that I could not make out either the color or shape, nor feel anything” (Schaffer 194). That Taylor was even less willing to accept his manhandling of her than she was responsive to his intimate questions is clear since “she was overcome be an intense

pain" during Johnston's forced exam (Schaffer 194).

Johnston defends his method by suggesting that Taylor's display of pain was exaggerated: "yet though I scarcely touched her, and as I far as I could judge I only gently touched the raised lips of her vulva'" (Schaffer 195). Unable to continue with the genital exam, he attempted to view the inside of her mouth, which Taylor also refused to allow, "insist[ing] that he could see quite well enough already" (Schaffer 195). The zeal with which he describes his actions makes it hard to believe that he acted with any patience when physically examining Taylor. Johnston's imposed exam came to a halt when "Taylor's mother burst in, and, according to Johnston, 'complained with a snarl that her daughter was in no way a hypocrite, since she had fully satisfied the whole region, indeed all of England'" (Schaffer 195). Yet, prior to the mother entering the room, Johnston affirms that Taylor "conceded that she was bandaged regularly with poultices of milk, cream, whey or ale," and was thus presumably taking nourishment in secret. This confession remained insufficient for Johnston as he again sought to undertake a physical examination: "Johnston tried to bribe the woman into letting him examine her daughter's uterus, but the 'cunning woman' answered that 'my daughter well knows how wretchedly I am affected by her suffering, and so she has not shown it to me and I don't want to see it" (Schaffer 195). Johnston rejects Taylor's and her mother's attempts to preserve a minimal level of her physical integrity, as he takes any resistance as proof of concealment. Other accounts from another practitioner, Percival Willughby, and a fellow female villager who had already seen Taylor's tumor, only frustrated Johnston further. He continued to insist on the necessity of his examination as he sought to persuade her mother that it was vital to

learning "whether [Taylor] really wanted to be healed" (Schaffer 195). Displacing the responsibility of health to Taylor, Johnston expects her to prove her desire not to be sick by allowing him complete access to her body. From this perspective, her "sickness," instead of being a normal aspect of human experience, is a fault which requires redemption.

The expectation that women submit body and mind to the practitioner is a common form of moral-medical trickery that was consistently applied to female fasters in the eighteenth century. Any hindrance to the medical man's curiosity was taken as immediate proof of guilt—and this only increased throughout the century. While the circumstances of Taylor's confession to eating secretly when alone are obviously coerced, there is no doubt that Johnston takes this as a legitimate avowal of guilt, and the Royal Society could have easily seen it that way, too. Yet, as it is evident that this confession was given under threats of continued molestation, one may say that Johnston constructs "truth" by using rape as a tool of religious-medical inquiry. His medical assault attacks Taylor's pure, virginal status in an anticipatory Lovelacian gesture that seeks to confirm the presence of fallible femininity. The act is therefore self-fulfilling; in searching for evidence of lapsed virginal status, he simultaneously destroys it. Johnston's narrative mixes the medical with the pornographic in a common technique of elevating the medical man's account above that of the female patient. When considered in the language of the tract in this case, the physical interaction defines the details of the patient-practitioner relationship as professional violence. Johnston's entitlement to "truth" impels and authorizes his actions without regard for Taylor's well-being.

Schaffer explains that through the commentator's appropriation of Taylor's story, the "prodigious abstinent was avidly devoured by her culture, which used her to establish trustworthy versions of proper capacities of bodies, spirits and marvels" (196). Whereas the scientific storyteller has the status of a bold investigator, capable of discussing cases with others engaged in similar intellectual projects, his autonomy is unparalleled. By contrast here the mobility of the researcher's ideas comes at the expense of the faster's intellectual and physical immobility. Tethered at the post of the scientific narrative, the rural female faster no longer exists for the gentlemen thinker as a person, but as a semiotic obsession. By citing fasting women, they create the illusion that these women are speaking for themselves, but this was never the case. Rather, fasting women are characters in male-authored stories which often have motives of self-promotion. In acts of literary exposure, these stories mix a medical desire to discover the feminine "unknown" with an invasive and disparaging religious argument. The writers' claims of truth-seeking based on their own faith in science, nation, and God allowed them to engage in a spiritual voyeurism that extended to an aggressive inquisition of the inner workings on the female body. In pairing judgements on an inferiority of feminine physical experience with the presumed insincerity of women's relationship to holy life, many socially empowered writers and readers found the means to exploit and legitimize prejudice against rural women for the sake of their own intellectual theories. Far from advocating a scientific secularization of thought, they demanded a reform of religious thought. Additionally, this reform simultaneously recognized long-standing cultural associations of the feminine with spirituality while trying to undermine women's experience with the divine or supernatural. In male-

authored stories of female fasters, the value of the female soul was constantly questioned.

Diagnosing or Defaming the Eighteenth-Century Female Faster?

Whether for religious, scientific, financial, literary, or legal gains, male intervention on female faster's experience remains common throughout the eighteenth century. Moreover, as the impact of the faster's situation became more widespread through print culture advances, the intensity of response also increased. In particular, expectations of authenticity, or what counted for "truth," hardened with the rise of empirical thinking and in medical practice, but this principle was often one-sided. As Brumberg explains, "not eating could mean eating irregularly, eating small amounts of food, or eating outside the normative food categories" (Brumberg 63). Even though popular belief accepted claims of total abstinence, the physician would have had a more nuanced understanding. Yet while physicians, surgeons, and clerics, claimed the exclusive right to decide on the authenticity of a fast they did not appear to adhere to any ideals of truth-telling when recounting their perspectives of a female faster. This next section looks further into the literary qualities of the stories told about female fasters, and notably the blurring of fact and fiction, with reference to the late-eighteenth-century case of Ann Moore of Tutbury.

Ann Moore, known to some as the Fasting Woman of Tutbury, and to others as the *Pretended* Fasting Woman of Tutbury, is remembered for a lengthy spectacle of abstinence from 1807 to 1813. A poor country woman in her fifties, she claimed to live without eating. Moore is said to have explained her abstinence as an act of divine

intervention, and like other female fasters before her (she likely knew about Martha Taylor), she attracted an alms-bearing audience of pilgrims, the generally curious, as well as skeptics. But unlike the female fasters who preceded her, Moore's age and personality distinguished her. Accounts described her as distinctively outgoing—she was both welcoming and rude, chatty and off-putting depending on the audience. Descriptive contradictions are plentiful in her case. Moore was said to be both rich and poor, and may have been well-versed in scripture, although she was possibly illiterate. One glaring contradiction, according her detractors, was within her own narrative. When Moore claimed that God sustained her life without the need of material nourishment, critics replied that the rumors of her appetite were, in fact, abundant—texts paint her as a known adulterer and money-hungry trickster. Science aside, Moore's most severe critics suggested that her reputation theoretically disqualified her from reaping any of the benefits of sanctity.

Nevertheless, Moore continued to survive while appearing to forego eating for years, stumping many commentators along the way. Writers often found themselves convinced of her miraculous fasting or offering alternative possibilities, like living on air. Her story became famous throughout England, Scotland, and across the Atlantic. Medical case histories originally published in London, Birmingham, or *Edinburgh Medical and Surgical Journal* were reprinted in Philadelphia and Boston, where a statue of her emaciated body was once on display. In addition to case updates reported in journals, scathing anonymous reports or compilations were produced by independent publishers. Despite the lack of success by medical and religious authorities in trying to discover clandestine eating through surveillance, it was eventually argued in 1813 that

a stain on her clothing proved her claims fraudulent. After this, Moore confessed to occasionally eating. She was said then to have been either run out of town or imprisoned for fraudulently receiving charity. Despite some writers' conviction of Moore's guilt, the details of her case are foggy at best, and grow increasingly so under serious scrutiny. Moore herself is accessible to us only through the biased reportage of writers whose professional reputations were often at stake. In their accounts of her, Moore's home became the theater for a spectacle of wonder, it served as a physical meeting ground for individuals who were or later became representatives of their associations. Members of the Royal College of Physicians or the British Royal College of Surgeons (Henderson, 1808, Robert Taylor 1808), the Church of England (Richmond 1813), and the literary establishment, appeared before Moore. And as with earlier cases, those writing about her were preeminently "gentlemen" defending similar goals and ideals, and only secondarily religious or medical practitioners.

As a story, this case was a literary platform for debates which were ultimately uninterested in Moore as a sick person. Inquiry on food refusal seems relatively inconsequential to writers who were more concerned with making their mark on national thought. Nevertheless, her case has left a tentacular legacy that remains relevant to inquiries on medical, political, and literary history. To do real justice to the details of Moore's story would require a lengthy archival quest and comparative analysis to discover the spectrum of what was produced about her. The further I have become involved with the culture of these documents, the more I would like to work on them in the future. Information on her case is clearly valuable to gender studies, literary studies, and the history of medicine. Unfortunately, the limited availability of

these historical documents does not allow for a full treatment of them at the current stage of my research. I believe the difficulty of accessing and interpreting these materials has permitted them to be too easily manipulated over time—and this is also a problem that dates back to the actual case. As a messy intertextual ensemble, writing on Moore hinders the reader from reaching a sound assessment. At the same time, this hinderance seems at least in part to be no accident inasmuch as control of knowledge production is a focused goal of these texts.

In my present analysis of Moore's case, therefore, I focus on the reporters' powers of persuasion by highlighting their use of anecdote to sweep audiences up in the drama of story. I pay special attention to how new circulatory theories of the body are echoed in the writing and sharing of her story, specifically through the use of derogatory menstrual metaphors. Moore's story was initially written by medical writers, but it was also then rewritten in new forms that imitated the gossip narratives of earlier case histories. Consequently, the purportedly medical and scientific accounts of Moore's fasting were increasingly stylized narratives that relied on new popular literary trends to make moral arguments. Not surprisingly, like many other documents that claimed to provide true, objective stories based on scientific investigation, these accounts of Moore's food refusal indulged in classic forms of character defamation through suggestions of witchcraft and feminine deceit.

Medical Fiction and Folklore

Writing on Moore has often been read as an accurate historical representation of late-eighteenth-century medical progress and the emergence of modern eating

disorders (Brumberg 60). While I agree that it marks a crucial moment in the history of the medicalization of appetite, I believe that it does so as a *story* that has since, perhaps too easily, gained historical and medical legitimacy. An excellent example of the fluidity between literature and medicine in this period, it allows for consideration of how cultural literary trends brought "body" to medical thought on women's appetite control. Otherwise said, studying the literary culture around and within Moore's case clarifies the eighteenth-century dynamics of the reception and categorization of women's food refusal. As with the treatment of earlier fasters, writers' rhetorical goals engulf the female fasting character. But in contrast to the pressure placed on fasting women to prove their complete abstinence, commentators had a looser standard of truth in the medical text. Alexandre Wenger explains that eighteenth-century medical storytelling habitually blurred the line between fiction and nonfiction when providing the details of certain cases or presenting new theories of the body. In considering Diderot's work, Wegner notes on the writer's ability to transform "case-writing by using the topoi of sentimental novels and by resorting to the vocabulary of medical observation" (Wegner 21). In writing on Moore, we find similar techniques of intrigue, suspense, and "a language of the senses" beginning with the titles (Wegner 21). A comparison of the titles of some of the most accessible documents suggest that, rather than being meant for discussion at the Royal Society only, they were written foremost to sell to wide readership. One sympathetic writer's tract bore the following title:

> *An Account of the Extraordinary Abstinence of Ann Moore of Tutbury, Staffordshire, who has for more than two years lived entirely without food: Giving the particulars of her Life to the present time, An Account of the*

Investigation Instituted on the occasion, and Observations on the letters of some Medical Men who attended it. Also other similar cases of abstinence, etc.

Published by Joseph Sharpless, this anonymous text's second edition (the first American edition published in Philadelphia) begins with an advertisement that boasts of the "rapid sale" of the first edition and the "pressing orders daily received from many of the Booksellers for further supplies" (i 1810). The lengthy title and advertisement provide information as to how the documents on Moore circulated. This text presents a contemporary drama of wonder and mystery. The title could have reminded readers of sentimental novels or intriguing travel narratives that insist on telling *true* stories. In fact, this text also claims that it is the *most* true story about this case. The first sentence states that since "[m]any erroneous reports hav[e] been circulated respecting" Moore's case, "the author was impressed with an idea, that a small publication, giving a true statement of the case, would not be unacceptable to the public" (Sharpless 1810). Despite the author's claims, however, there is little to distinguish this version of Moore's story as more "truthful" than the narratives of writers who, in hindsight, wrote more obvious forms of fiction.

The longer Moore fasted without exposing herself as a fraud, the more aggressive the writing against her became. I am most intersected in the three documents from 1813 that appeared to close her case: Alexander Henderson's *An Examination of the Imposture of Ann Moore called the Fasting Woman of Tutbury*, Legh Richmond's *A Statement of Facts Relative to the Supposed Abstinence of Ann Moore of Tutbury Staffordshire: and a Narrative of the Circumstances which lead to the Recent Detection of the Imposture* and the anonymous *A Full Exposure of Ann*

Moore, the Pretended Fasting Woman of Tutbury. The terms "imposter," "detection," and "circumstance" precede promises of truth and facts—all the makings of a juicy page-turner—and writers remain faithful to these titles. Quotes from previous publications often leave the reader mixed up in a web of characters, events, and hearsay. In studying the ensemble of these pamphlets, one soon wonders if the original readers purchased them for their scientific theories or literary qualities. A rolling discussion published on the case seems to create a unique genre somewhere between a pamphlet war and a *roman-à-feulliton*.

As Wegner explains, the value attributed to fiction for its ability to powerfully communicate ideas, or to serve as a "vehicle[] of a spirit of truth," is often employed by the medical case genre (29). The ability to persuade tended to be valued over the factual accuracy of a text:

> It shows the narrative's argumentative power, based on sensibility. It is widely accepted nowadays that truth may arise from fiction, but in Diderot's time, this was not yet accepted as obvious. Nevertheless, some physicians of the eighteenth century perceived fiction's power to persuade. Without necessarily being totally aware of its literary mechanism as Diderot was, they included fiction in their treatises, in order to support their medical theories, to provide proof of it. (Wegner, 29-30)

One way of including fiction in medical stories was through the use of anecdote. Vasset additionally notes that anecdotes have a clear narrative power to shape a text. As a "closed narrative used to illustrate a specific argument," anecdote "allows for more literary freedom" even though it has no scientific value (Vasset 2013 40).

Considering the use of anecdote to conduct medical storytelling can help uncover the social contexts which were transformed by Moore's story.

Key case accounts pass quickly through medical observations in order to privilege circumstantial evidence and personal judgments. Most texts recognize that Moore was ill, with paralyzed legs and hysteric fits. However, the focus soon shifts to rumor, gossip, and attempts to identify poor intentions. As the pamphlets shows, many justified their doubt with concern over her reputation. For Henderson, the fact that Moore's "mask is not always so impenetrable, as her abettors imagine, will, [..] be evident with the following anecdote" (15). Having announced his use of anecdote to expose the "real" Moore hidden behind her graceful public persona, Henderson quotes from an earlier account, J. L.'s 1809 *An Account of the Extraordinary Abstinence of Ann Moor*:

> From the published accounts of her case, it appears, that, before she began to attract the attention of the public, she had been 'labouring under the greatest distresses,' and 'had not even sufficient clothes to cover her bed;' but, since the watching, she is said to have been very comfortable, and all the necessary attendance has been provided for her. 'The number of people,' observes J. L., 'who go to see her, is astonishing: and, everyone giving her a trifle for the benefit of her children, she has by this time received something very handsome from them.' (Henderson 16)

Henderson emphasizes J. L.'s words by adding that Moore "has turned the exhibition of her person to such account, as to be able, in the course of the last summer (to obtain) £400 in the public funds" (Henderson 16). Later, an especially critical anonymous

treatise describes her visitors as bewitched herds, "flock[ing] to see her" to empty their pocketbooks in naive faith (Anon. 1813 4). Because Moore required a fee from visitors, as opposed to simply accepting alms as was common in the tradition of female fasting, her presence was viewed by some as a disturbance to a natural economic order. In their insistence on the monetary aspects of Moore's fast, writers concentrated on her assumed greed as evidence of her criminality—proof she must be hiding something. This point, underlined by claims of sexual deviance, was used as the basis for further examination. Moore is described as a "notorious" "open adulterer" with known illegitimate children (Anon. 1813 4). In other words, many seem to dispute Moore's desire-less existence with counterarguments of insatiability. Considering that eighteenth-century medicine posited an interwoven web of appetites, meaning that indulging one heightened others, emphasis on Moore's supposed greed and promiscuity had the potential to argue for a hidden appetite for food. By incorporating gossip into their texts, medical men found the "proof" to justify the long-standing medical assumption of feminine physical inferiority.

In contrast to prior to periods when printed documents were out of reach for most, whether financially or due to lower literacy rates, the increased availability of printed documents in the early nineteenth century meant that spectacular stories like Moore's no longer circulated mainly by word of mouth. Vanderyecken and Van Deth suggest that while physicians "exchanged extensive correspondence and published learned treatises [such subjects…] the news about miraculous maidens was spread by pamphlets […] bulletins or booklets—forerunners of the newspaper" which were frequently reprinted or translated (50). Case information appears to "trickle down"

from one type of writing to another—and it is worth considering which parts of Moore's story come to the foreground and which parts are forgotten. Over time, elements of gossip become more central to tracts on Moore's story. For example, the anonymous 1813 account especially blurs the line between fact and fiction, between medical narrative and popular report. This account also quotes passages from previous documents, but it soon seems more inspired by fable. With imaginative liberty, the author describes how Moore's critics brought about the disenchantment of her supportive community when examiners forced her to cast off a "mask" (Anon. 1813 23). Despite slight differences in tone between the 1813 stories, their arguments concur in insisting that Moore was masquerading as a faithful woman.

Anxieties that the female medical subject could hide malicious, seductive intentions within manifestations of illness troubled many eighteenth-century physicians. G. S. Rousseau even proposes that many physicians were actually "terrified of their hysterical patients" due to the possibility that they might behave unpredictably (96). For Karen Hollis, tensions between the male medical practitioner and the supposedly erratic female patient suggest that eighteenth-century medical trends sought to uncover the *true* nature of women's "sickness" at all costs. As she writes, "restrictions on male observation of the female body could, and did, lead to powerful concerns about the dependence of medical and scientific authority on women's verbal accounts of themselves" (534). Despite claims that those directing Moore's surveillance acted on national, moral, scientific, and religious duties (as was so frequently the case with female fasters), the statement that they sought "evidence of her sincerity" during the watches is a complicated one (Richmond 14). Within this

medical-religious context, commentators may suggest searching for the sincerity of divine intervention, but this ultimately appears as a smoke screen for a harshly adversarial agenda.

Considering physicians understood that 'not eating' meant eating very little, most expected, and actually hoped, that Moore would die during their watches. This form of 'medical' intervention casts a darker shadow on their enlightened claims. It seems to suggest that those who sought to dissuade the public from believing in miraculous or folkloric models of life and bodily experience were ready to squash anyone who stood in their way, as Moore did. As Porter notes, it becomes clear in writing on cases of miraculous rural phenomena that for those directly involved, it could be "impossible […] for most innocent people to defend themselves" (Porter 1999 201). Moore's hypothetical innocence aside, I highlight Porter's claim to contextualize the unstable status of rural fasting women. Because Moore's existence was construed as a troublesome public spectacle that obstructed the ideological projects of men in middle-upper-class intellectual circles, many felt justified in treating her as they desired. Likewise, those spearheading polite religious reform (often the same people), expressed a growing impatience with women's behavior that might appear enthusiastic. Adding to this was Moore apparent relationship to British religious radicals. Jane Shaw argues that writing on Moore ignores the faster's relationship to British radicalism—specifically the support she received from Reverend Thomas Foley and the prophetess Johanna Southcott, whose followers are said to have accepted Moore as one of Southcott's prophecies (113). Although writers acknowledged that Moore was extremely popular, and many took her food refusal seriously, publications in 1813

dismissed those who believed in her miraculous fasting as uneducated countryfolk. They also portrayed previous writers who were unable to prove Moore's fraud as too easily convinced. Thus, the derogatory 1813 texts present right reasoning as a form of male, intellectual superiority reserved for their authors alone. It was nevertheless through the lens of sensibility that their own claims masqueraded as rationality.

The Menstrual Cure

Richmond asserts that his text is the ultimate unveiling of Moore's unsavory condition. He claims that her "living without eating" was undermined when a stain was found on her clothing. Brumberg seems to read the stain as a real proof of Moore's clandestine eating, or as an actual event that finally satisfied commentators and shuffled forward the medicalization of anorexia nervosa (Burmberg 60). When viewed in the tradition of eighteenth-century medical writing, literary analysis of the stain anecdote suggests it carried more weight for what it insinuates than for what it 'proves'. Furthermore, Richmond celebrates the stain discovery for inciting Moore's confession. However, the increased pressure she was under after years of surveillance makes her confession difficult to fully accept. As Moore signed her confession with an "x" (as shown by Richmond's treatise), her level of literacy is questionable. While she is often described as having the Bible open on her lap, and being capable of quoting scripture, the impression that she could read is less convincing with the "x" after her written confession. Did Moore know the terms of the confession when she signed, or did she sign the confession as a way to avoid further persecution? Considering legal action was brought against female fasters before Moore, agreeing to confess may have

been the only way to escape attention which was growing dangerous. Moore was uneasy in the presence of men during the watches, and more so after they demanded the right to decide which members of Moore's community could be present. Having forcibly turned her home into a prison by insisting she be kept isolated for weeks on end, commentators, acting as jailer, judge, and jury, only allowed credentialed gentlemen—meaning themselves—to participate. The Tutbury villagers, especially Moore's daughter, had no credibility for these curious skeptics.

Because Moore's case has been historically remembered as the end of a belief in miraculous female fasting and the beginning of medicalized psychological self-starvation, Richmond's description of the moment of detection is valuable as it sets the tone for future medical reasoning on women's health. Common misogynistic principles used to dismiss women's divine fasting in earlier periods are simply given a new veneer at the end of the eighteenth century. Echoing Reynolds's belief that fasters were too impure and simple for God's grace, Richmond's anecdote embraces and reproduces long-standing prejudices concerning rural women's bodies—theories from which he extrapolates to affirm, in his own way, their intellectual and spiritual inadequacy. By relying on the moral rhetoric of theories of circulation which presented women's inner self as visible in the body's evacuations, the moment of discovery cunningly blends religious, scientific, and folkloric assumptions about gender. No more potent evidence could have existed to finally condemn Moore than through allusions of menstruation.

The climactic discovery in *A Statement of Facts* is explained through the story of a "blot," a simple yet suggestive word that encompass sinfulness, menstrual stain,

and moral fault, in one swoop. Richmond begins the anecdote of discovery with Moore seeming ready to die in bed during a watch. The skeptical commentators, present in the room, hoped Moore's case would finally come to an end were she to die during this period of surveillance (which, from their perspectives, would be proof she otherwise ate clandestinely when she was not under their surveillance). But Moore is reported to maintain her innocence despite her quick decline. In a suspenseful turn of events, Moore regained her strength after a last visit from her daughter. Medical men took this as a sure sign that their long-held suspicions that her daughter somehow snuck food to Moore were justified. Richmond's anecdote of discovery merits a lengthy citation:

> The circumstance which most materially led to the exposure of her falsehood originated in the red stains with which the bosom-part of an under garment, which she wore during the Watch, was spotted some days before, when lavender and hartshorn were applied to her throat in order to relieve the soreness. As it was deemed necessary to obtain this article of her clothing, she produced a similar one, which she asserted to be the one in question, and offered to make oath of the truth of her assertion. Some members of the Committee present were now certain that she spoke falsely. The garment which she produced had indeed some red stains upon it, which bore evident marks of having been recently made in order to imitate those with which the other, worn during the Watch, had been marked. But it was clear that a substitution had taken place. She prevaricated and contradicted herself. Witnesses were called in, and it was proved that the garment, which she pretended to be the one she had worn, while the Watch lasted, had actually been brought to her quite clean

> in that very morning. / There being no doubt at this time that deceit had been practiced, it became highly incumbent upon the parties present to unravel the mystery. The premises were therefore searched, various linen articles were found artfully concealed in different places, and amongst them the very garment, stained with red lavender, [for] which she had substituted another, in order to avoid detection. The woman confronted by the evidence of incontestable facts, seemed for a short time thoroughly confused. The discoveries thus made were decisive, to the point not only of her having swallowed *liquids* during the last two days, but that she likewise must have done so previously to the commencement of the Watch on Wednesday, April 21./ She still, however, persisted in her innocence as to all imposition, and pretended that a sudden change had taken place in her internal system, and added many artful observations in order to carry on the deception. But it was a vain attempt: her conduct was now evidently marked by duplicity and absurdity. She was proved an imposter, though she continued most inconsistently to deny it. (41-42)

By engaging in what Vasset has described as the influence of medical theory on storytelling, Richmond stylizes theories of circulation to bring structure, form, and intrigue to this passage. Guiding readers to listen to his interpretation of Moore's body rather than her voice, Richmond represents discovery as the cure for a long stagnant story. After years of unsuccessful watches, Moore's critics depict her as a social blockage that has created economic, intellectual, and cultural instability. This effort theoretically frames Moore within the idea that physical blockages, by disrupting

fluidity, create illness. The body at stake in Richmond's anecdote, however, is nothing less than the British state. By defining Moore's fasting as a hindrance to the ideals of progress, he identifies her as the source of social illness. Healing her community depends on her removal, which in turn could restore renewed order. The urgency of Richmond's writing adds hype to the anecdote. As the climactic moment of discovery approaches, one sentence bleeds into the next as they quickly pull the reader into a rehabilitated awareness of the 'facts'. He affirms his judgement through repeated emphatic bursts of truth. Her clothes are "evidently" marked. There is "no doubt." Moore's defense was "a vain attempt." Insisting on one vague proof after the next, Richmond calls on the reader, not to think, but to believe. A lexicon of detection flows forward as past tense verbs ("prevaricated and contradicted," "proved," "pretended," "searched") compels the reader to revelation. The satisfying release of tension at the end of the anecdote opens into a pleasurably righteous euphoria.

Richmond's coercive rhetoric dictates a decidedly prejudiced and prescriptive method of truth-telling. While this anecdote of discovery is absent from other critical accounts, it enlists their collaboration to prove Moore's moral failings. By referring to treatises, Richmond's document reinforces a literary image of Moore's body that seems to replace her real one. This blended medical and literary narrative makes the stains of personality visible on the body. In keeping with the dominant intellectual currents of his time, Richmond describes the scene of detection as a veritable battle between material and immaterial principles in which Moore's body contradicts her voice. The flow of the text eventually relocates the mark of fraud from her clothes to her person. In the first sections of the anecdote, the red stain, "which most materially

led to the exposure of her falsehood," is on her undergarments. By the end of this passage, it reappears as a stain on her inner self when "her conduct was now evidently marked by duplicity and absurdity." Richmond's description attempts to make material the original hypotheses that ridiculed Moore's claims of sanctity by locating what he suggested was immoral behavior in the very fiber of her body and, in turn, the quality of her soul. The location of the stain on her bosom, or her heart, finally appears to be no accident. When Richmond emphasizes the symbolically central place of the stain, he situates immorality at her core. In this way, the anecdote invites readers to observe as the medical man does: not at the body's surface only, but *through* the body to the mind and the soul.

The color and location of the stain are, within a narrative of female fasting, clear symbols of religious-medical moral judgment. As women's lack of menstruation was understood as evidence of their abstinence, signs of menstruation were sought to uncover clandestine eating. Menstrual fluid was theorized as an index of truth that could communicate inner experience with more legitimacy than women could with their own words. In her work on early modern lovesickness, menstruation, and gender, Lesel Dawson explains that even though positive models of menstruation existed in the early modern period, more often than not, menstruation indicated traditional notions of female inferiority (2006, 469). She further explains:

> Associated with prostitution, poison, corruption, and sexual depravity, menstrual blood is more than just a bodily fluid in the early modern period, it is the symbol for anything immoral and defiled. Within this context, menstrual blood could also be employed to suggest the

> beloved's inconsistency, unpredictability or promiscuous sexuality. (2006, 469)

Although dealing with an earlier period, Dawson's findings on early modern notions of menstruation appear perfectly legible in the late-eighteenth-century writing on Moore, whose critics were certainly not shy when relating the larger scope of her appetitive reputation to their understanding of her body. In these critics' attack on Moore's integrity, their use menstrual metaphors can be read as a learned rhetorical strategy to define women's morality within misogynistic theories of the female body.

When considered as an allusion to menstruation, the red stain emerges as a commanding literary technique to win over the public audience. Dawson proposes that a "menstrual cure" was used as a severe remedy to men's infatuation with women. The "menstrual cure is part of a wider tradition that suggests that an effective way of remedying the lovesick sufferer is to sully the lover's conception of the beloved" (Dawson 2006 466). When a lovesick man was utterly influenced to the point of illness by a woman, displaying a used menstrual cloth could expose the visceral truths of female corporeality, which was disgusting enough to shock his passions into order. Dawson notes that male literary traditions have represented a disgust for women through the motif of the menstrual cure at least since the first century BCE whether in Greek literature, Shakespeare, or the eighteenth-century Augustan satire. Learned seventeenth- and eighteenth-century gentleman would have encountered these texts at university. Robert Burton's *Anatomy of Melancholy* even attempts to make this literary motif a medical reality in his advice for curing the lovesick man, by letting

> some old woman of the vilest appearance, in dirty and disgusting

> clothes, be prepared: and let her carry a [menstrual] towel under her apron, and let her say that her friend is drunken, and that she pisses her bed, and that she is epileptic and unchaste; and that on her body there are enormous growths, that her breath stinks, and other monstrous things, in which old women are knowledgeable: if he will not be persuaded by these arguments, let her suddenly produce that [menstrual] towel and brandish it before his face, crying "this is what your loved one is like!," and if he doesn't give up at this, he is not a man but a devil incarnate. (qtd. in Dawson 468)

Dawson calls attention to Burton's suggestion to highlight that "[t]he display of menstrual blood is, in fact, only the final method adopted when other strategies fail to dislodge the lover's romantic image of his mistress" (468). It is worth noting that the ultimate cure for women's lovesickness—marriage, penetrative sex, and childbirth—seriously contrasted with, but also confirmed, Burton's method. If both men and women could suffer from lovesickness, domination of the female body was the cure for both. As we see in Richmond's text, the stain anecdote endorses this tradition. Given that Moore is alternatively a sick, stinking, wicked old woman and a saintly embodiment of the divine, mention of menstruation—as an inevitable feminine reality common to all women—is a convenient strategy to condemn her. As a rhetorical technique, the menstrual cure also reinterprets the role of the public along with Moore's. Instead of seeing Moore's visitors as capable of objectivity, the rhetoric of Richmond's menstrual cure treats the audience as lovesick, and therefore previously unable to *see* who Moore was, or what she was really doing. Moreover, Richmond's

allusions to menstruation are combined with accusations of female duplicity reinforced by the medically theorized inheritance of feminine weakness—a common conjunction in discussions of eating and abstaining. Richmond's depiction of a mother-daughter collaboration to hide the realities of the female body brings both of these charges to bear on Moore.

Dawson explains that the menstrual cure allows the lover to "mentally anatomize his beloved, stripping her of her skin in order to recognize what lies beneath" (467). This gruesome reality characterizes the critical literature on Moore. By paying homage to the traditional unmasking of female deceit, commentators textually tread through real-life barriers that keep them at a distance (however minimal) from Moore's body. Literary representations which make inner stains outer create a visual image of the most private parts of self and body. Character assassination takes precedence over any scientific enquiry, and Moore's critics do not hide their personal disdain for Moore. This tale of triumph ends when commentators are hailed for saving the rural villagers from her spell. The anonymous commentator claims that the villagers who at first believed Moore's miraculous subsequently recall past events in a new light: "Her neighbors now declare that she has been seen by them walking in the street by moonlight; that they have charged her with it, but she persuaded them that it was her apparition" (Anon. 1813, 23). Through a stereotypical insinuation of sorcery, the anonymous author suggests that the villagers who originally believed in Moore's sanctity were actually bewitched by her.

Through allusions to menstruation and the use of the menstrual cure as a method to lift Moore's spell over villagers, we find associations of deceit, decay,

destruction, and disorder with the female body. Moore was clearly portrayed as dangerous to those around here, whether it be the bewitched villagers, naive physicians, or religious pilgrims hungry for a miracle. Although Vasset suggests that "references to witches and wizards" which "help parody a pseudo-medieval, gothic atmosphere […were] held in contempt in [an] enlightened medical context," writing on Moore garners popular opinion through Gothic elements (Vasset 38). Themes of conspiracy, horror, and discovery exemplify a well-known struggle of good versus evil in the portrayal of the medical men versus a rural seductress. They reflect the writers' intent to convince audiences through a satisfying story. Commentators essentially tear down folkloric myths of miraculous female fasting to replace them with new mysterious tales of rational discovery where the medical man emerges as the true hero. In fact, the heroism of the commentator extends much further than the community of Tutbury. As Richmond indicates, Britain, in its entirety, risked falling under Moore's spell:

> The country at large had long been more or less agitated by uncertainty whether the subject of this narrative was, as she professed to be a total abstinent from food, or not. It was of importance to the interests of both science and morality, that an enquiry, founded upon actual experiments, should be situated. This has now been done, and the result is before the public. (Richmond 45)

In placing "science and morality" at the forefront of national health, Richmond and his fellow commentators announce themselves as saving their country from interior destructive forces, which they reject and overcome as models of thought from the countryside. Again, demonstrating a literary use of the theory of circulation, Richmond

makes the case that Moore's villainy, if not stopped, would corrupt the British empire. Yet, this dramatic tone seems peculiar when one pauses to consider that the villain of the story is simply a poor malnourished countrywoman. Were Moore to lack in food because of her poverty, this story would not even be one, but her claims of support from divine Providence and her ability to increase her social status and wealth allowed her to transgress her situation. Ultimately, and despite their own explanations as to why they insisted on exposing Moore, commentators are neither interested in evidence gained in experiment or in healing. In an effort to control knowledge production, gentlemen commentators strip women and rural communities of the right to participate in the creation of ideas about health as they impose a dominant cultural narrative of faith, body, and status on country people. By the end of Moore's story, commentators even deny her faith. Richmond boasts, "that very religion, which this wretched woman possessed not, will direct the hearts of those who are happily partakers of its influence, to one contemplate more. They will view her as an object of pity and prayer" (Richmond 56). Thus stripped of her personal relationship to God, which he states Moore "possessed not," Moore—or rather her case—becomes a conveniently authorized backdrop for new medical-theological debates. In addition to negating Moore's personal spiritual experience, Richmond seeks to correct all who visited Moore as a source of faith and reorient them towards Church-approved practices. Richmond's and other such stories seem to tell more about the politics of women's food refusal than they do about the advancement of knowledge of bodily, mental, or spiritual experience.

Female Fasting beyond the Eighteenth Century

Far from disappearing from the British and American mind-set after the end of her fast, Moore's story endures within its medical and wonder-craving memory. Yet, because medical and literary cultures were less closely intertwined in the nineteenth century, her story emerges in two diverging paths. On one hand, poets like Mary Howitt mythologized Moore as a dark, whimsical emblem of an older epoque. On the other, medical commentators used Moore to frame new pathological theories of psychological self-starvation. As her story continues to be appropriated, elements of suggestion paradoxically harden into solid "fact" while remaining pure myth. By way of unacknowledged borrowing of information first written by the physicians and clergy watching Moore, secondary writing on Moore gradually amplifies her image from mystic to witch to criminal by reproducing hearsay and suspicion. Stories on Moore create a figure of the rural female faster as gluttonously engaged in for-profit fictions of food refusal.

In her 1845 childhood autobiography, Mary Howitt remembers the female faster as an integral figure in the Britain's Romantic and mysterious rural landscape. Moore seemed to her at that time to be little more than a tourist attraction. At first glance, Howitt recounts her visit with a mixture of juvenile amusement and intimidation. She writes that even though she had previously seen "plenty of old women […] as thin and skeleton-like as Ann Moore," she and her family were "very awfully impressed by this old lady" (131). Howitt describes the scene in detail:

> …[Moore] sat there, propped up in her bed with bony, skinny hands laid out, like claws, on the bed-clothes, to turn over the page of the handsome Bible

> which some good clergyman had given her, or to clutch at the money which people laid before her. There were many visitors with her when we entered; one, a wonderfully fat woman, in a tight gown of crimson silk, who coughed, and shook herself, and was so very fat that she seemed to sit only on the edge of her chair. I remember thinking what a contrast there was between this lady and Ann Moore. (131)

When compared to other documents, Howitt's account does not stand out for its believability, but its similarity to previous popular documents. By reenacting the eerie tone of earlier texts, including the notable image of Moore with a Bible on her lap (one which also appeared as an etching), Howitt updates medical folklore with artistic license. Sitting across from Moore is a fat woman draped in red silk, coughing in the corner. It is difficult to interpret this awkward sight as anything other than a glimpse into Howitt's own imagination. Howitt writes that *she* remembers a striking contrast between the two women, but her memory only invites comparison. Her familiarity with the case suggests she had firm grasp on earlier medical accounts. When writing of her father's impressions, she explains that after their visit, "our father told us that he had no doubt in his own mind of Ann Moore being to a certain degree, an imposter; but the quantity of food which she did exist upon was really so extremely small as to be in itself almost miraculous" (131). Playing up the medical suspicions and cultural stereotypes that identify greed and lust within the female faster, Howitt uses Moore's story for its potential to drive fantasy, intrigue, and mystery. Despite describing her account as a first hand experience, Howitt's writing evokes a consistent textual image of Moore as a gluttonous woman hidden inside the self-starver, a figure that may make

us recall Thomas Rowlandson's caricature. Produced at the time when Moore was fasting, it represents the same tensions around the sincerity of women's eating and abstaining, or convincing the widespread efforts to force new ideals of dietary virtue. Whether in graphic or verbal form, by the early 1800s, the female faster was firmly linked in the British mind to the fraud of food refusal.

Alternatively, William Hammond mentioned Moore in his 1879 American medical treatise *Fasting Girls: Their Physiology and Pathology*, a text published in the years following the "official" medicalization of women's psychological food refusal as hysterical anorexia. Hammond includes a summary of Moore's case, as well as a few names of the notable "gentleman" who conducted watches (11). Although he only spends two paragraphs on Moore, he confirms her "simulated" fasting was of a hysterical nature, the preferred late nineteenth century terminology for describing women's psychological self-starvation. When Hammond makes this alignment, it becomes clear how Moore's story was given an important place in the history of disordered eating. It is a peculiar business, however, that a female faster who was denied patienthood and access to treatment became an important figure for those involved in the medicalization of psychological food refusal. Just as her status as an imposter allowed contemporary medical men to bypass treating her ailments, later physicians do not hesitate to use her story with comparable self-regard to illustrate their theories and enhance their authority. Wonder aside, Moore's case was singled out as a historical moment of medical victory. In 1913, it was anonymously described in *The British Medical Journal* as the moment when, "[i]n February 1813, the medical profession was beginning to unmask the imposture of the fasting woman of Tutbury"

(Anon. 1913 351). This text celebrates the twentieth-century physician's camaraderie with the "brethren of those days" in the early 1800s (Anon. 1913 351). Alexander Henderson is singled out for his expertise—but one wonders if it is his medical skill, or his aptitude as the writer of medical detective fiction, that carried praise.

The legacy of the female faster is anchored in visual and textual images that rarely evoke scenes of science in practice. Instead, through controversial stories of triumph of middle-class masculine rational good over rural feminine evil, the drama of discovery plays up case details which demonize female fasters, even those who are simply waiting on their deathbeds. Far from convincing with fact, these stories depend on *style*. While it is true that many serious scientific concerns with questions of material and immaterial experience were put to the test within the contexts of miraculous fasting, medical inquiry, with the exception of John Reynolds's text, medicine is not often the focus of these cases. An overwhelming erasure of the female faster's experience of sickness or spirituality allowed writers to manipulate women's voices. Any juicy detail seemed there for the taking by those who sought to build their own images as progressive, reasonable thinkers. For poor women in the British countryside, little could be done to prevent their lives and stories from being commandeered in the name of national scientific progress. In the next chapter, I provide further examples of male writing on women's eighteenth-century experience of food refusal. However, these findings depict wholly alternative interactions where the medical men, instead of looking down at the faster, look up to the sick wasting daughters of British high society.

1812 engraving of Ann Moore by Anthony Cardon

Chapter 4

Dr. George Cheyne's Wasting Heroines and the Duty of Healing: A Medico-Literary Legacy

In this chapter, I continue to explore stories created within networks of ideals that surrounded women suffering from appetite loss. Unlike the female fasters studied in Chapter 3, those who systematically suffered imposed medical examinations yet were denied treatment, I here compare two upper-class examples—one historical and one fictional—which, at first glance, are granted a degree of medical legitimacy through their manifestations as disorders of passion and feminine nervousness. I begin with Dr. George Cheyne's letters on his treatment of Catherine Walpole—a high profile, though now rarely mentioned case that, by troubling his understandings of eating and illness, likely marked the physician's career in the 1720s. My second example is possibly the most remembered, and perhaps most debated, anecdote of women's eighteenth-century food refusal: Samuel Richardson's epistolary novel, *Clarissa* (1747-8). Simply put, I reflect on Cheyne's religious-medical practice as influential to emerging concepts of women's food refusal. If Cheyne theorizes eating and illness, Richardson provides a model in *Clarissa* that compliments his thought. I aim to show that Cheyne's treatment of Catherine, like his theories and intellectual partnership with Richardson, set the stage for the tensions of food refusal in *Clarissa.*

In each text, discussions of illness circulate around the sufferer as her entourage seeks to make sense of a mysterious, complex wasting condition. In contrast with

typical treatments of rural women, illness is here assumed to be genuine (at least on the surface). Observation and hypothesis on the upper-class woman's condition are made in collaboration between physicians and family in letter form and are constructed principally from external perspectives. The voice of the patient is, again, framed by male interpreters. As there are no known letters written by Catherine about her condition, her experience is filtered by Cheyne and her parents. In *Clarissa*, the fictional eponymous heroine makes occasional mention of her dwindling appetite, but Lovelace's letters dominate the story line. Richardson is the ultimate spokesperson for Clarissa as he composes a drama that relies as much on hearsay and inference as on the so-called "facts" of the text.

Rather than reinterpret critical approaches to Richardson's portrayal of food refusal in and of themselves, my goal is to trace the movement of Cheyne's ideas on eating and abstaining into their literary representations. The cultural trajectory of Cheyne's theories of nervousness, and his influence on the language of sensibility, has caught the attention of many scholars (Barker-Benfield, Guerrini). I argue that the same can be said of his ideas on diet, spirit, and gender, notably as they are held up, and strengthened, by Richardson's undeniably influential portrayal of women's food refusal. I look to Cheyne's treatment of Catherine Walpole's dietary illness as a means to highlight the ideological tensions provoked by women's eighteenth-century dietary illness, but also to explore his literary efforts to overcome the ambiguity of her medical problem. Lacking firm scientific knowledge on her state, Cheyne seems to use his powers of suggestion to demystify Catherine's illness—a technique later dramatized by Richardson. Both Richardson and Cheyne approach food refusal from a strictly

medical perspective, but they also rely on their literary skills to include a stereotypical, unofficial discourse of women's health.

Cheyne's real and Richardson's fictive letters, when read as a collection, function as the first notes of another story, one written and rewritten throughout the century, about the medicalization of psychological food refusal and a belief in morality of dietary restraint. While Cheyne foregrounds the mechanics of the body, he leaves room for the metaphorical and the unsaid. Beneath his matter-of-fact, ostensibly objective medical jargon lies a story in which he is neither a mere objective observer, nor the confident physician he often claims to be. His writings bring forth a stylized main character, a sentimental hero of new scientific endeavors, who comes with his own entourage and context. The dying starving woman is here, too, eclipsed by medical showmanship. Cheyne develops a medico-literary space that relies on fictions of the self, myths, and a theorization of the pains of the soul. As he passes from theory to practice, he teases through a series of individual patient narratives that ultimately celebrate his own character, and that incorporates rational sensibility into his new brand of medicine. This chapter therefore ponders the demands of the society within which, and especially *for* which, Cheyne's letters and his medicine—and then Richardson's novel—were produced.

While more subtly expressed, skepticism on women's self-representation endures in the medical discussions and reception of women's food refusal. This chapter builds by exploring the treatment of women abstaining from food in an upper-class context. Unlike the harsh, at times violent, treatment inflicted on rural fasting women, Cheyne's letters and Richardson's novel claim to represent the upper class starving

woman somewhat sympathetically, and as ill in body rather than in mind. However, a collective hesitation to fully accept that illness originates in body instead of mind, that it is *justified* or without moral fault, drives these narratives forward. Over time, medical discussions of food refusal come back to the belief that it is a self-indulgent problem provoked by feminine feeling. Additionally, while folkloric approaches to food refusal do not typically appear in upper-class examples, they seem to be woven into these tracts obliquely even if they are not expressed explicitly. I explore how Cheyne's tendency to treat wealthy clients demanded he employ just the right tone when diagnosing their sick daughters. If, in his letters, he resorts to conventional medical jargon when recounting his treatment of Catherine, he does not ignore completely the miraculous or spiritual framework that had long been associated with women's food refusal. Cheyne transformed and reframed traditional approaches to make his ideas more palatable to his audiences.

When reading Cheyne's letters alongside *Clarissa*, upper-class women's emotional and spiritual experiences seem to be hidden by new pathological terms. The role of the eighteenth-century physician here appears quite different from the one he occupied when treating rural women. Rather than dominating the minds and bodies of the poor of rural Britain, the physician catering to upper-class clients used methods meant to appeal to the values of polite society. Moreover, Cheyne's intimate connections to British literary circles allowed him access to a world of representation in which his theories could become 'real' through fiction. My interest in the transmission of Cheyne's ideas into Richardson's narrative of food refusal furthers my larger goals of establishing how the cooperative current between medicine and

literature produced a system of beliefs about women, eating, and abstaining. Myths and assumptions about women's health ultimately structured 'new' methods of describing, treating, and in particular, imposing a moral value on women's food refusal as a form of illness. I will develop these ideas by considering how Cheyne's theoretical principles on diet and spirit allowed him to construct a dominant role, for himself, as priestly-practitioner who hoped to treat the soul through management of the body. I pay special attention to Cheyne's theorization of patient responsibility and his demands that she submit to the physician's method of cure. Lastly, I consider medical response to food refusal in *Clarissa* as a reflection and consolidation of Cheyne's ideological pursuit of obtaining a dominion over the body. When asking how and why the sentimental experience of the sufferer's entourage became cast as a responsibility of the dying starving woman, I suggest that medicalized dietary illness may not have been as easily representative of the progressive principles of rationality and health many medical authorities claimed.

Diagnostic Challenges: Treating Dietary Illness in High Society

On August 31, 1720, George Cheyne wrote from Bath to the Royal Physician, Sir Hans Sloane, about the weakened health of Catherine Walpole, who was then only 16. From Cheyne's perspective, Catherine "look[ed] miserably bad." This letter, the second in a sporadic three-year series, came to Sloane only a few months after he had referred the case to Cheyne. Catherine had no appetite, and often vomited after attempts to eat. She suffered from frequent hysterical fits and fainting. Her menstruation was irregular. A swelling on her side created lingering pain. Sloane likely

referred the case to Cheyne because of his interest in and experience with nervousness and dietary disorders (Charlton 109). But in this case, Cheyne's regular concerns were overturned. Most often believing appetite indulgence to be at the root of nervousness, Cheyne found in Catherine's illness, which was characterized by undereating rather than overeating, a practical contradiction to his medical theories.

Cheyne's biographer, Anita Guerrini, suggests that Catherine's case was particularly compelling to the celebrity physician, as it served as an opportunity for him to reflect on the interworkings of the body, spirit, and mind. These letters, which are few in quantity, are now located among Sloane's personal papers in the Rare Books and Manuscripts collection at the British Library and having been examined by Guerrini and Ann Charlton, in their published work. Guerrini provides a historical analysis of the case when she discusses these letters in her biography of Cheyne. Her discussion contextualizes the medical, political, and social issues related to Catherine's illness. Charlton's short article takes the form of a case study for the *Journal of Medical Biography.* As the letters remain unpublished, Charlton's article preserves the case information through her inclusion of important textual citations and even complete letters. In addition to providing insight into the process of diagnosis in cases where women suffered from want of appetite, Cheyne's letters shed light on one physician's relationship with his patient, her family, and his fellow physicians, as well as with himself, during a moment when he grasped for an understanding he ultimately failed to reach. Catherine died in 1723.

When reading these letters, one quickly understands the immediacy and intimacy with which they were written. Cheyne's swirling script is at once almost

illegible and grandiose, impatient and poignant. Cheyne's personal and professional involvement characterizes his ability for storytelling. Far from a mere observer, Cheyne held a subjective role in the case; one he communicated through descriptions of his emotional and epistemological investment. He relays information to Sloane as it happens, and he is keen to note that, like the Walpoles, he suffers alongside Catherine. In addition to being historically rich for the light they shed on Cheyne's career, the letters provide a glimpse into the medicalization of women's food refusal in eighteenth-century British high society.

As Cheyne insists on his knowledge of illnesses in which women refused from food, he exposes his misunderstanding. While he can be seen to fail, professionally, in his task of healing Catherine, he constructs a narrative of women's food refusal that is as sentimental as it is medical. That is, through a discourse of faulty femininity, the letters display his efforts to consolidate convergent understandings of food refusal—as a dietary illness on the one hand, and on the other obstinate behavior. Thus, their value as literary objects—as an example of medical storytelling of women's food refusal—is significant. Despite his limited grasp on this case of feminine nervous dietary illness, Cheyne seeks clarity, control, and comprehension when piecing together scenarios of cause and symptom. He relays case information in a triangular manner: to Sloane as a medical mentor, to the Walpoles as clients, and to Catherine as a patient. My experience of reading these letters as an ensemble almost 300 years after their writing clearly differs from that of Sloane's reading experience. Sloane was in correspondence with Cheyne over the course of three years, a period that was punctuated by the sending and receiving of Walpole family letters and surely occasionally mixed with

various face-to-face conversation.

The last years of Catherine's life were characterized by the ups and downs of her disorder, the promises and hopes of those around her, and her own anticipation of a good health, which would never come. Cheyne's own thoughts followed in tandem. As Catherine's physician, Cheyne's role was not simply to heal her, but first, to adequatley explain what ailed her. He confidently tells Sloane in July 1720 that after having diligently "examin'd all Circumstances of her Case over again," he now sees things "plainly" (f323-4). Emphatically demonstrating his knowledge, he makes the case seem commonplace as he describes a depression in Catherine's side. The "[T]wisting [in] the trunk of the body" is symptom he has seen before (f323-4). The "coming and going of the Cataminia," he continues, is among the most worrisome symptoms, as is her lack of appetite and "sickness after Dinner," especially when coupled with her "grievous and deplorable" frequent fainting fits. Her "Hysteric fits"—apparently distinct from the fainting fits—are "by one half less frequent." Her strength and color "are better," and "flesh fuller" than when he began treating her, a comment seeming to diminish Catherine's eating troubles and consequent emaciation (f323-4). Sending Sloane an optimistic scenario, perhaps minimizing the gravity of Catherine's illness, Cheyne assumes a hopeful, boastful tone, ignorant of the case's inevitable outcome. He appears eager to put Catherine's experience into medical terms. In one instance he hypothesizes that Catherine's disorder resembles "a confirm'd phthisis," a term that came to suggest "an incurable pulmonary tuberculosis," even though it bears little resemblance to later notions of tuberculosis (Guerrini 109). In another instance, he labels Catherine's side pain as a "scrophulous tumour," another impressive, though

vague term for any form of swelling (Guerrini 109). His efforts to name illness emerge most commonly when Cheyne seeks to formalize an acute medical understanding of the case and, in turn, strengthen his ability to cure. But, as Guerrini reminds us, his "medical terminology was so loosely employed" that it held little scientific value (Guerrini 109). Instead, the map of Catherine's symptoms, rather than a term for diagnosis, served as a guide.

As Cheyne follows the signs of sickness, he gradually becomes unable to maintain the same optimism the stricter medical terminology afforded him. Complaining to Sloane, a mere season after he takes the case, that "nothing does away the Obstructions," he fears his patient's state is "too far gone for anything" to lessen "the distempers she now labours under." In December 1720, he writes, Catherine is "exceptionally sick and [*sustains/retains*] nothing." (ff332 December 21 1720). Rather than relying on the title of a particular distemper to express an ensemble of symptoms, Cheyne focused on individual symptoms as indicators on how to treat the overall notion of disorder. In accordance with Catherine's weakened state, he opted to only use light purgatives. Her treatment consisted of spa waters, preferably from Bath, and "pleasant Bitters and Stomach Cordials" in the form of "a little Hiera picra, a powder made of aloes and cinnamon, and used as a aperient and emmenagogue" (Charlton 109). Although typical symptoms of women's eighteenth-century nervousness often diminished with common spa treatments and purging, they failed to provide Catherine with any real stability (Guerrini 107). The prescription of medicines meant to alleviate constipation and to stimulate menstruation indicates an understanding of Catherine's illness as a blockage, one which falls in line with the period's mechanist medical

theories of circulation. Cheyne theorized cure as the restoration of a healthy flow within the body, but this formula was ultimately circular: to gain strength, Catherine first needed to demonstrate strength. Potency, he suggested, relied on the patient's ability to respond to treatment: "If she cannot bear Vomits I know she is gone and of this I am much afraid" (ff332 December 21 1720). Cheyne expected patient collaboration as a response to his treatments and medications. Catherine's case was no different.

That purgatives were provided to a young patient whose nervous disorder was characterized an inability to eat and by regular vomiting is curious and revealing with regards to early eighteenth-century medical practice. In that purging is here both a sign of and cure to dietary illness, the method of curing for blockages is characterized by something of a medical contradiction. Cheyne's scientific understanding of Catherine's state is exposed as incomplete on both theoretical and practical levels. Over time, his hopes for long term progress gradually disappear. As she nears death, the physician's disappointment increases. Writing less frequently to Sloane, his letters trace the decline of Catherine's state. His original prophecy of medical triumph, filled with situational details, complex Latinate diagnoses, and promising cures, wastes away in parallel to her deterioration. By the summer of 1722, Cheyne writes sorrowfully, Catherine is "so emaciated, her Appetite so […] lost, [and] she is totally obstructive" (July 30, 1722). She "eats not food sufficient enough to Maintain a Parrot (July 30, 1722)." What hope could be for, he wondered, when a young woman lived "almost on Air and Water" (July 30, 1722)?

As a high society patient, Catherine was primarily treated in the fashionable

circles of London and Bath, with the exception of a damaging experience in Bristol. This status came with certain social demands. When treating Catherine, Cheyne needed to be mindful of her family connections, and consequently, he was conscious of *their* awareness of *him* from the first moments of treatment. Shortly after Cheyne took the case, Catherine was sent to Bristol for healing, where she was placed under the treatment of physicians whose names do not appear in the letters. The unsatisfactory results, however, are an important topic in the exchange. After returning from the trip, Catherine's "several symptoms as worse than better since she went to Bristol, especially [her] loss of Appetite, [the] sickness in her stomach, [and her fits] are more frequent […], [her] Cataminia [are] not so well as they were" (Sloane 4046). Cheyne tells Sloane of a subsequent fit that appeared to terrify the entire family when Catherine "fell down dead under the table" (ff327). In Cheyne's rendition of Catherine's fit, he points to her own role in her ailments. As much as she may be the fine, young girl he describes, one who is sincerely ill, unable to retain food, and eager to regain health, she is also the ringleader in this instance of family trauma. She disrupts a meal by refusing to eat, and even terrifies those around her when she falls "dead" at the center of this domestic circus thus foreshadowing her own death. Cheyne chooses not to provide a detailed description of the fit. He provides very little analysis and only suggestive phrases. Catherine is, in Cheyne's view, at once the victim and the cause of her trouble.

Fretting over the same event in a letter written a few days prior to Cheyne's, Robert Walpole wrote to Sloane, thanking the Royal Physician for his "kind concern for [his] girl," and for overseeing Cheyne's care of his daughter. Her status demanded

first-class treatment, and in contrast to the Bristol physician's hollow promises "to make her better" (Aug 31, 1720 (ff327), Cheyne aimed to convince Sloane and the Walpoles that Catherine was finally in safe hands. Cheyne's caution grew perhaps out of his awareness of the family's doubts with regards to his treatment. It is clear that both parents held an active role in Catherine's care as they kept up correspondences with Sloane, sometimes about Cheyne himself, and with other physicians who were occasionally consulted on the case. To Cheyne's dismay, Catherine's mother even insisted on obtaining second opinions. The Walpoles appeared to trust Sloane in a way they did not trust Cheyne. Sloane's supervision of the case, which at times entailed his serving as a messenger between Cheyne and the Walpoles, leaves the impression that Cheyne's letters were not merely voluntary: the family may have expected or demanded such letters. According to Wayne Wild, circulating information on medical practitioners created a "social network of medical gossip, in which patients pooled their common experience with illness, doctors, and competing therapies, and ensured that they were making informed decisions and [were] protected from charlatans" (162). The majority opinion was split on Cheyne; he was a healer for some and a quack for others, despite his life-long ambition to maintain a polished public image. Hence, when Mrs. Walpole sought Sir David Hamilton's advice, this second opinion "both troubled and reassured" Cheyne (Guerrini 110). While hesitant to accept the involvement of practitioners other than Sloane, Cheyne earned a vote of confidence when Hamilton confirmed the effectiveness of purgative prescriptions Catherine received. Cheyne's authority was ultimately therefore reinforced by Hamilton.

Cheyne's letters did more than provide simple updates to Sloane and the

Walpoles on Catherine's state. They shed light on Cheyne's ability as a physician, a proto-therapist, and a writer. In contrast to Sloane, who, as Cheyne wrote submissively, "mov'd in Superior Orbits," he, as a London-Bath transplant, remained conscious of his provincial Aberdeenshire roots. Over the course of his letters, he reveals himself as a man of letters but also as a social climber—pleading for the legitimacy of his ideas and theories through a stylized literary voice. His letters on Catherine display his signature empathy. Rather than looking in from the outside, he describes his personal pain and his close relationship to Catherine, which he in turn employs as rhetorical support for his medical choices. Cautious to treat Catherine "gently," he "did not dare risk" those stronger medicines, "the Mercurials & Sulphers. I shall venture nothing new with her," he writes, instead allowing the Walpoles to decide on further medical measures (Guerrini 112-113). Cheyne's frequent references to the tact he cultivated in his interactions with the Walpoles display his own awareness of his intermediary position. Cheyne, in social rank, found himself between Sloane and the Walpoles, all the while grasping for a position of which he esteemed himself worthy. Writing with a keen awareness of the conversations that eclipsed him, Cheyne crafted his letters to persuade others of his medical authority through his expertise and sociability.

Cheyne appears more invested in his own image as a dedicated, friendly, and apt physician than he does in Catherine. As he communicates the case information, he readily informs Sloane of the scenes from which he draws his conclusions, and the worse Catherine is, the more he insists that everyone would agree with his outlook: "In a word, all that have seen her, think her rather in a worse condition than when she [*was] first here, You may perhaps think this Bath Ignor[*ant/ous] or Malaria but I

affirm you thy Account is none of mind but what I have had from all those about her, her [*Visitors], and from her own Mouth" (Aug 31 1720). To minimize doubts about his skills, Cheyne creates a scene of suspense, complete with supporting characters. He paints himself as both concerned for his patient, and considerate of the perspectives of others. As Catherine's illness worsens, Cheyne writes as Sloane's peer, one who possesses a limited medical vocabulary that cannot fully depict his patient's state. At the same time, he is a family sympathizer, lost in one of Catherine's mystery fits. Sharing the Walpoles' familial, experiential knowledge of Catherine's failing health and Sloane's intellectual, scientific understanding, Cheyne effectively creates their need for him as translator.

While the Walpoles' expectation of being consulted constantly throughout Catherine's treatment it is apparent in the letters, their relationship to Catherine remains elusive. Both Charlton and Guerrini speculate briefly on familial and political contexts and how they may have influenced Catherine's state. Guerrini points to Robert Walpole's involvement with the South Sea crisis as a possible stress factor in Catherine's illnesses. Neglected for her father's ambitions, Carlton and Guerrini suggested, she had only the attention of her mother. Charlton describes the Walpoles as superficially happy, but "irresponsible," on account of their extravagant lifestyle, and with the financial debts that accompanied Catherine's mother's fine tastes. It remains speculative to consider the actual influence of family tensions on Catherine's health. However, perceptions of familial tensions and excessive spending would have been viewed by physicians, and family friends, as a factor in Catherine's illness. Despite Guerrini's comment that "Catherine's illness was not caused by excess," here meaning

overeating, familial and social excesses could be understood as factors for illness. While he never makes any mention of the state of the Walpole household in his letters, Cheyne promoted the theory famously in the *English Malady* that British consumerism could deeply damage the body. Undoubtedly, the perils of their class status would not have been lost on Cheyne.

Moreover, even if Catherine may not have indulged recklessly in food and drink the way Cheyne believed many people did, her age and sex rendered her vulnerable to this luxurious atmosphere—one which her body indirectly absorbed and reflected. Menstrual problems, as discussed in the previous chapter, were often understood as physical sign of emotional excess. Guerrini notes that Catherine's amenorrhea was, for Cheyne, "a transgression with multiple meanings" (Guerrini 109). Class status, moreover, was believed to influence menstruation. Gail Paster notes that "upper-class women who ate rich, moist foods were thought to flow more heavily than their lower-class counterparts" (cited in Guerrini 109). One can safely assume that a luxurious lifestyle could have influenced Catherine's health when we take into account Charlton's suggestion that the Walpole's extravagance was the mother's doing. Because women were perceived as overly sensitive to the influx of new luxury goods in the eighteenth century—a theory Cheyne himself played a prominent role in creating—a "[r]efinement might be passed down the generations" (Lawlor 50). Catherine's illness could be viewed as the replication of her mother's indulgence following a feminine heritage of excess. In *An Essay on Regimen*, Cheyne describes this matraphobia on a material level when he identified the maternal bodily "juices" as the trigger to indulgent tastes and laxity (Shapin 274). In keeping with the conventional

thought of his time, he held that an excess of femininity destabilized the body and the state for one's mental health. The likelihood that Cheyne believed Catherine was vulnerable to the excessive longings of her sex is reinforced by a casual comment to Sloane which points to a sentimental cause for his patient's troubles: "it was rumour'd disappointments had some hand in [her] original ail" (Charlton 108). The disappointment, here likely amorous in nature, discreetly admits that Catherine's illness could be as disorder of romantic turmoil. Sloane was professionally prepared to interpret Cheyne's suggestion.

In fact, Cheyne's letters seeking council on women's dietary illness were not the only ones Sloane received. Among Sloane's papers at the British Library is a letter describing a case similar to Catherine's, though from almost a decade and a half later. Cuthbert Constable asked Sloane's advice on the health of his unnamed sister-in-law's loss of appetite in 1738. Constable's short note lists her symptoms, as well as his understanding of their correlation to her appetite loss. Constable, like Cheyne, associates common blockages, such as constipation and menstrual irregularities, with her inability to eat and her resulting physical thinness. He also mentions a pain in his sister-in-law's back. She suffers, like Catherine, from this illness between the ages of eighteen and twenty. Constable writes:

> Mrs Constable desired me to write to you and acquaint you with her sister's imperfect health; she has been ever since she came out of France which is above half a year without her months, has often pain in her back and goes not above once a week to stool, her appetite is very small and commonly sickish in the morning when she first gets up. Before she came over she had them [sic]:

> perfectly well for above a year yet so as to miss them sometimes, she is nigh twenty and never had any then of her months till she was above eighteen. Her constitution seems delicate and tender and her complexion is a yellowish pale as most young women are, in her distemper, she's as lean as her sister
> (Nov 14 1738, from Cuthbert Constable, near Yorkshire, Sloane 4034)

In his letter, Constable casually, yet confidently, proposes a medico-cultural diagnosis: "Her constitution seems delicate and tender and her complexion is a yellowish pale as most young women are, in her distemper." As he narrates her illness as a state or mood, and references her tenderness and delicacy, he situates her illness in a discourse of feminine sensibility. Reference to "colour" emphasizes the discourse of sensibility. Catherine also suffered from a loss of "colour": (Cheyne mentioned when her "Colour [was] better" (ff323-4, Bath, July 11th 1720) or when he treated her for jaundice (ff346, Bath July 30, 1722). Moreover, references to these young women's delicacy supports a nationalist framing of dietary illness. Constable is keen to note that his sister-in-law fell ill *after* a stay in France, where she would have been exposed to troublesome luxuries. In *The English Malady,* Cheyne makes the case that his medicinal diets targeted a nervousness caused by Britain's consumption of new foreign imports like the sauces and creams from France—those much desired, and purchased, by families like the Walpoles.

As delicate and tender beings, young upper-class women, as well as rising middling ones, were understood as vulnerable to the impressions of others, and unable to distinguish sentiment and reason. Constable, in describing his sister-in-law as "yellowish pale as most young women are, in her distemper," evokes the hysterical

afflictions of greensickness, chlorosis, and lovesickness. Want of appetite was an identifying symptom of these forms of passion disorders. While lovesickness was usually believed to be caused by amorous longings with a specific object of affection in mind, greensickness or chlorosis were terms attributed to adolescent girls who grew acutely sensitive and sometimes pathologically as they reached the age of sexual maturity. Theories of greensickness, known as the "disease of virgins," held that the girls and young women sufferers were not properly 'regulated' by sexual intercourse following the onset of puberty (King 12). Helen King states that a "whole class of symptoms of chlorosis could be grouped together under the headings of 'defective nutrition' and 'impaired or capricious appetite,'" ranging from complete food refusal, "poor diet, the avoidance of food believed to encourage production of the blood; and pica" (97). For King, this reveals reliance on humoral standards of health which treats the body as "a place of fluids, not of organs" (23). In her discussion of lovesickness, Lesel Dawson similarly sees the disease as understood through the humors, noting that

> lovesickness either causes, or is the result, of a humoral imbalance: intense sexual desire and passion may scorch the humours, producing melancholy in the body, or alternatively this physiological combustion may begin in the body, producing a corporeal state predisposed to lovesickness. (20)

While Dawson discusses the similarities between lovesickness and greensickness, she insists that the two were in fact distinct diseases in the early modern period. Dawson sees green-sickness as "solely the result of a bodily dysfunction," thus demanding a cure that "is likewise entirely physical": "as long as [the greensick girl's lover]

possesses a penis he can restore the sickly girl's body to its healthy state" (52). Meanwhile, lovesickness, she suggests, is more complicated in that it is related to the longing for a specific lover who "inflames the body and possesses the mind" of the sufferer (52).

Unlike the purely female illness of greensickness, lovesickness affected both men and women, but it was nevertheless situated within a discourse of effeminacy. Through the wide-reaching discourse of sensibility, medical arguments often contend that delicate nerves and weak constitutions made women intellectually limited and vulnerable to the passions' sway. Hysteria, the catch-all term for a variety of mental afflictions, rendered women unable to accurately identify, interpret, and manage sentiment. Although terms related to hysteric disorders are vague, branching out into different categories of symptomology, they are grounded on the same foundation and assumed that, as Richard Brookes writes, the hysteric passions emitted "from the Womb, […] caused by the retention or Corruption of the Blood and Lymph in is Vessels […] more or less infect[ed] the nervous parts of the whole Body" (Brookes 161). While the intensity of a disturbance varied depending on whether it was caused by lovesickness, greensickness, hysteria, and uterine fury, all disturbances, in the view of most doctors, were rooted in women's desires and their own mismanagement of their bodies and emotions. Women were rendered therefore physically and morally ill because of their unruly predilections and behaviors. For Dawson, illnesses like greensickness, hysteria, and uterine fury remain entrenched in a pathologization of feminine sexual appetite, which is then reinforced in regulatory cures. When changes of diet, air, and exercise failed to cure a chlorotic virgin, marriage was the ultimate

recommendation. Although the cure of marriage was proposed by some for its chemical qualities, following the belief that male seminal fluids (like any consequent pregnancy) could regulate women physically by providing a much-needed balance to their own inner disorder, the temperamental regulation of heterosexual domesticity was thought to "provide a rationale for [a woman's] contrary, unsettled emotions" (Dawson 50). The unsightly character attributed to feminine emotions in polite eighteenth-century society influenced how women were represented and understood. This could explain the importance Cheyne attributes to the rumors of Catherine's disappointment.

In viewing Catherine's suffering as caused by a blockage incited by grief or lovesickness, Cheyne allows the hypothesis of an emotional disturbance to guide his treatment plans. When Catherine requested Cheyne's permission to join her friends for a London season, he accepts on the condition that she exercise caution over feeling (Guerrini 112). Cheyne appears more hesitant about this agreement in his letters to Sloane, even admitting that a second "disappointment" could undo all they had accomplished (21 December 1720, 4034, f332). Like families and patients who used rumor to assess a physician's credibility, Cheyne uses rumor and suggestion to assess the patient's health (Wild 160). Although Catherine did not benefit from anything resembling modern-day patient-doctor confidentiality during her treatment, Cheyne followed certain expectations and treated her case discreetly. Given her status and family connections, Cheyne was unable to announce that Catherine's state was catalyzed by a romantic rupture or infatuation. In mentioning to Sloane the possibility of a disappointment, and in advising that a second could prove a deadly setback, Cheyne relies on what Wild identifies as "a code of gentlemanly conduct rather than

any specific code of medical ethic" (169). Thus, the physician draws on delicate language to diagnose, and prepare for treating an emotional affliction discreetly, without damaging Catherine's reputation, or offending the Walpoles. By in directly discussing Catherine's emotional and social life through mention of a possible romantic disappointment, he may circumvent traditional expectations of politesse through suggestion, all while gathering the information he needs to treat his patient as he sees fit. This idea is reinforced by his insistence that his chemical medicines were but temporary cures to her distempers: only "age and maturity," he wrote, could "remove them completely"—a suggestion that firmly frames Catherine's illness as a passion disorder linked to her sex (Charlton 109).

Cheyne's sentimental medicine: cures of friendship, faith, and feeling

As Catherine's health worsens, Cheyne's letters trace her harrowing emaciation, but he appears to write less willingly, and far less frequently, as he loses control over the case. The gaps he leaves in his letters reflect Catherine's abstinence from food. At the same time, Cheyne's letters fail to conquer the body's mysterious opacity that troubles him so much in this particular case. His inability to decode Catherine's body leads him to posit inherent faults of femininity in an amateurish effort to erase his own professional shortcomings. Cheyne's suggestion that Catherine might suffer from a passion disorder, and his simultaneous refusal to resort to the available terms of chlorosis or greensickness further underscore his vague, descriptive terms, such as "hysterick" fits, as well as his reliance on "rumor" as opposed to direct observation allows him to treat without offering a definite diagnosis.

Consequently, Cheyne's methods of treatment strengthen an authoritative posture that asks for more than it gives. Although Cheyne's approach to Catherine's case echoes the dominant medical notion that late-teenaged women suffered from an unregulated feminine condition, he differs from his medical contemporaries who held that a case like Catherine's was best settled by marriage and childbirth (Guerrini 176). Rather, he valued the cultivation of self-control and cooperation with the physician. These two principles distinguished Cheyne's practice, and it is indeed remarkable for his time that he encouraged patients like Catherine to participate in her treatment. In his letters, Cheyne mentions his regular discussions with Catherine and includes her perspectives. Glimpses of this doctor-patient relationship speak to Cheyne's renowned intimate involvement with patients and his ability to feel the patient's pain (Shapin 288). This sensitivity was at the core of his practice, and his prescriptions aimed to heal not only physically, but also emotionally. As with his other patients, Cheyne's time appeared unlimited when attending Catherine. He invited her to his house to observe her symptoms throughout the day (Guerrini 113). Cheyne's treatment was "not merely pharmaceutical," but also involved intimate discussion on matters of the soul (Guerrini 114). While it likely struck many as peculiar that "this obese middle-aged physician empathized with the needs and fears of the frail teenager as few other physicians of the time attempted," Cheyne elaborated in these moments a treatment that set the stage for later eighteenth-century methods of "moral therapy" (114). According to Guerrini, his methods additionally allowed him a dominion that was afforded to few others; that is, Cheyne developed a medical practice that demanded an intimacy that transgressed the boundaries of age, gender, and status. Despite seeming to have, for the most part, a

hands-off policy with patients, he sought exclusive access to the body through the mind. Cheyne used conversation to convince patients to *believe* in his authority. The patient's faith in the physician's method was, from a Cheynian perspective, the first step toward good health.

Cheyne recognized the limits of biochemical medicine, and ultimately relied on "the Assistance of the Almighty and of the Bath waters" to achieve real results (Aug 31, 1720). This self-styled savior promised renewed life by medicinal baptism, and his personal moral counsel, which intended to relieve "any physical blockage in the digestive system and secondarily in the circulatory system" (Guerrini 109). In turn, he expected trust and friendship from his patients. Wild notes that,

> Incomplete clinical information to formulate an effective medical regime was always a potential problem in medicine-by-post, but for Cheyne it was not only the factual details that mattered. For him, a consultation letter was a matter of attitude—the uninhibited willingness of the patient to confide all to one's doctor: "Be frank with me…or else you will be to blame," A "frank" medical history was not, in and of itself, therapeutic in the manner of religious confession, but it was crucial evidence of trust in one's physician—an acknowledgement of authority and a sign that the patient was morally committed to follow whatever regime was prescribed for the cure. (Wild, 158-9)

Indeed, for Cheyne, faith in the physician preceded his attempts to cure. In his influential *A Treatise on Health and Long Life*, Cheyne, catering his writing to those "many very learned, ingenious, and even religious Persons, who being weak and tender

(as such generally are) have suffered to that last Extremity for want of a due Regimen of Diet and other general Directions of Health," claims to provide the very path ill persons lack if they *accept* to recognize his guidance (1724, xiii).

Because, as Wild notes, "[w]omen patients were regarded as especially prone to heed the advice of friends over that of their physician, mistaking sympathy for qualified judgement," physicians sought to instill their authority (193). But if a physician like Cheyne insisted on his patient's trust in his medical authority, he maintained his right to a degree of skepticism towards his patients. Cheyne's discussion of Catherine's personal discomfort in Bristol may be read in relation to his practitioner-patient politics. When he explains her reticence towards those treating her in Bristol, in terms of her personal relationship to them or her lack of faith and an unwillingness to accept their treatments wholeheartedly, her negative experience supports Cheyne's hypothesis that patient must desire health. Moreover, it supports his therapeutic techniques, which aimed to develop a verbal exchange that mixed the confidential with the confessional. In their discussions, Cheyne expected his patients to be forthcoming by sharing and admitting any information that may have influenced their ill health.

This formula of health enhances his medical authority while simultaneously diminishing his medical responsibility. In pointing to the patient's desire to heal as a medical prerequisite to health, here expressed in the notion that Catherine must mature in order to heal, he effectively evangelizes medical practice into something contingent on patient submission to practitioner knowledge and opinion. Cheyne clearly aimed to obtain Catherine's confidence through his personal involvement in her case, and it is

likely that he hoped to receive information during their regular discussions that would prove useful to his treatment of her. However, because the details of Catherine's case were specific to her gender, class, age, and social status, Cheyne could hardly have demanded a 'truth' from her, as he could with other adult patients he treated without family input, nor could he accuse her of dishonesty as physicians did with lower class women. To treat her, he needed to keep in mind that Catherine might fail to comprehend or communicate the depths of her illness. Yet, he does appear to have valued elements of her word. He considers seriously, for instance, her belief that her swelling of the side developed in Bristol. He cites Catherine's belief that her swelling "was owing to Opiats that were given to her to make her rest. And to proved Observations she took [Emmongagoier] pills which made her sweat and tremble whole nights" (Aug 31, 1720 (ff327). As an active participant, Catherine was up-to-date on her prescriptions, and voiced her opinion on them. Even if Cheyne occasionally disagrees with her views, he takes her pain and personhood seriously. When examining the tender swelling in her side through her stays, he affords his patient a delicacy that appears in stark contrast to the rough treatment of lower class women who displayed signs of food refusal. Given the distance he maintains in examining Catherine through her stays, the possibility that he treated her against her will seems slim, and places him in contrast to those who imposed tests of isolation and forced oral and vaginal exams when observing fasting rural woman. Nevertheless, it remains relevant that, as in many cases of women's food refusal in the eighteenth-century, Cheyne is the principle interpreter of Catherine's voice.

Gender in the Cheynian Virtue of Self-Management

Scholars tend to agree that Cheyne's medicine relies overtly on a discourse of class. His treatment of Catherine is certainly evidence of this reasoning. As discussed in Chapter 2, he claims that refined sensibility and intelligence make the upper-class more susceptible to nervous disorder. Cheyne's theory and practice were also influenced by contemporaneous concepts of gender. Being in the business of nervousness and dietary medicine, he naturally directed his medicine at those most vulnerable: women and effeminate men. He held, on one hand, the belief that women "were by nature more susceptible to luxury and other social pressures which led to hysteria" (Guerrini 1999 281). At the same time, "the imagery and arguments of his work articulated certain ideas about the female body and female spirituality" (Guerrini 1999 281). In her description of Cheyne's sentimental medicine as one founded on the principle that "nervous disorders were somatic in nature, with physical causes and cures," and practiced with an awareness of an "intimate interaction between the physical, mental, and spiritual states," Guerrini establishes Catherine's case as one which challenged Cheyne's previous theories, and enhanced his knowledge on women's diseases (Guerrini 2000 108). Cheyne's principles of feminine sensibility are tied to the spiritual leanings of his work, which are central to his dietary medicine.

A key characteristic of Cheyne's system is the belief that appetites are ultimately "deceitful" (1724 39). As such, patients required the medical supervision he provided. His medical "lowering" diets sought to tame otherwise "high" or "elevated" passions through appetite control. Cheyne correlated over-consumption with mental disorder, an idea largely based on his own struggles with weight control. In his work,

he claims to moderate the passions through diet, but it often seems he actually intends to dominate them. He hierarchizes mind over matter, arguing that "he who lives physically, must live miserably" (1724 4). Rather than simply viewing them mechanically, Cheyne also construed the appetite and passions religiously. He ultimately associated the physical with the sinful: passions could be "guilty," "animalistic," and "deceitful," and therefore obscure sense and reason. For him, the fleshy body, as the result of a lax lifestyle, was the symbol of disorder. A surplus of body mass encumbered one both physically and spiritually. Guerrini believes that, through a medicine where "[w]eight was a connecting term between the physical and the spiritual" and "excess flesh was both spiritually and physically undesirable," Cheyne "posited an inverse relationship between weight and spirituality: the less matter, the more spirit" (Guerrini 1999 280). By highlighting his personal struggle with weight, Cheyne argued he was in a unique position to understand both the pain of sinful, indulgent living, and the cultivation a light soul through dieting.

Cheyne's religious-medical theory of dietary restraint associated sin and overindulgence, sometimes drawing from his personal struggle with weight management. His own experience, "Case of the Author" famously closes *The English Malady*. Less widely discussed is his personal interest in the writings of women who refused food for spiritual goals, such as the medieval saint Saint Catherine of Siena, and late-seventeenth century mystics Antoinette Bourignon and Jeanne de la Mothe Guyon. Cheyne discovered these writings between 1707 and 1709 in his acquaintance with a group of Scottish Episcopalians (Guerrini 1999 18). Led by the Garden brothers, this group imported, translated, and circulated mystic Continental texts, which it must

be said, were not widely accepted. Other Episcopalian clergymen, like John Cockburn and George White, criticized these writings, specifically those on the practice of mortification, as "doctrines of primitive Christianity" espoused by "Enthusiastical Impostures and Delusions" (Guerrini 1999 18). Guerrini believes these writings seriously influenced Cheyne's dietetics. For Bourgionon, as for Cheyne, "[t]he mortification of the flesh [was] central […], even though she had personally rejected the extremes of asceticism at an early stage in her career" (Guerrini 1999 283). Her idea of "a physical transformation which literally replaced flesh with spirit" is echoed in Cheyne's numerous warnings of the dangers of flesh. We can therefore situate Catherine's case within the context of his mystic readings, as Guerrini does. Because "eating, or the lack of it, was at the center of Catherine's illness," she argues that Cheyne must have considered her case in the light of mystic women (Guerrini 2000 108). Suggesting Cheyne likely considered Catherine's amenorrhea in this way, Guerrini proposes that Cheyne may have acquired "sympathy with female nature (including his own feminine side)" (Guerrini 2000 108). But if Cheyne developed his model of illness around the feminized body, "Cheyne's regimen," as Lawlor writes, "could be seen as advocating a masculine restraint" that was popularized by "the feminized aspect of his writing" (Lawlor 55). Cheyne suggested patients impose a strength of will and intellect on their weak bodies in a characteristically male versus female manner, but he promoted this "cure" with narratives of feeling. By sharing the pain of his own experience and listening to the pain of others, his rational rhetoric of bodily domination passes through a stereotypically feminine filter of sympathy and sensibility.

One overt expression of this idea can be found in Cheyne's ideology of diminishing the flesh as a physical practice that cultivates mental stability—something that, for the physician, was the sign of a healthy soul. Although Cheyne champions self-awareness, self-restraint, and moderation as the pillars of sound health throughout his oeuvre, he also promotes a religious zeal that complicates his politic of moderation. When the passions are "raging," for example, he "know[s] no remedy but to drown all other Passions in that Spiritual one of the Love of God" (1724 161-2). This focus on the spiritual appears to come at a refusal of the material, either of sentimental materiality, gastronomic materiality, or, ideally both. At times, he urges his patients to "use as much *Abstinence* as they possibly can" (1724, 36). On September 4th, 1773, for instance, Cheyne wrote to the Lady Huntingdon that, with the progress of her lowering diet, "[her] ladyship sees and owns that all [her] symptoms lessen and decrease, and [she] well know[s] that what will lessen will at last entirely destroy and conquer, give it but time" (33). His dietary advice to "destroy and conquer" is not merely combative: it is a militaristic technique used in a spiritual battle against the appetite. Additionally, when Cheyne portrays certain types of food as foreign enemies to the body, food he also believes to be imported from exotic places, he uses diet nationalistically. Dietary restraint, for Cheyne, saves and protects the English body.

According to Wild, the spiritual aspect of Cheyne's work, including his reference to his own spiritual progress, enhanced his popularity with readers by "fill[ing a] void by substituting the classical ideal of [the] physician's character with a newer trustworthy goodness founded on sensibility, spirituality, and the virtues of moderation" (Wild 189). But as David Shuttleton affirms, "[w]ith his denunciations of

overconsumption and his known mystical religious concerns, Cheyne was always vulnerable to the charge of being an 'Enthusiast,'" and was thus obligated to "manage his public image in a way that worked for him" (74). As Cheyne's sympathetic medicine incorporated the patient's sentimental experience into his practice of healing, he built a "highly individual medical rhetoric, distinct from the inhibited language of new science, and which asserted the importance of individual subjectivity" (Wild 174). Fashioning himself as an "ambassador between the world of medical theory and society," Wild notes that Cheyne "sought to spread the gospel of living the good life through good eating" (Wild 175). Carefully adhering to Cheyne's diets was deeply ideological as it became a practical method to measure one's moral worth, or one's strength of will and self-discipline.

While in his practitioner-patient relationships he aimed to provide the tools for better living, Cheyne's methods were not as empowering as they might initially seem. Guerrini nevertheless sees him as having a sensitivity to women that other physicians lacked. She writes,

> Cheyne advised women to take control of their bodies by maintaining their own health. This is far from the stereotypical image of the male doctor as exploiter of women. Cheyne saw his role as a guide and advisor, to his patients, male and female, who had in the end to make their own decisions about health and sickness, salvation and damnation. He was a prophet, not a god. (Guerrini 176-7)

Guerrini's suggestion that Cheyne was not the typical domineering physician who failed to take seriously women's illnesses is apparent in his letters on Catherine.

However, his signature form of care nevertheless encouraged a project of self-sanitization that aimed for a physical and metaphorical erasure of the flesh. Cheyne's belief in taming the appetite through a reduction in flesh, produced a model of the ideal, angelic body that was also a desexualized one. Sexuality is rarely discussed overtly in Cheyne's large body of work. He differs from many of his contemporary physicians, who regularly spoke of sexuality in their medical treatises. Cheyne's failure to discuss this topic openly does not mean it he did not broach it indirectly. Indeed, in bypassing the subject of sexuality while also holding temperance above appetite, he addresses the subject implicitly. When Cheyne bypasses medical cures that use external masculine power to control the female body, such as penetrative sex and childbirth for greensick or chlorotic women, for personal internal methods, such as dieting, he introduces a new moral dynamic to his practice. Cheyne's cures of self-restraint aimed to change the body, instead of externally, by improving the strength of the soul and the will. But as he insisted that the physician must supervise treatment, he did not sincerely aim to improve the patient's attitude of self-sufficiency. Because Cheyne demanded patients value his knowledge and his opinions before their own, he essentially attempted to micromanage the transformation of his unruly, hysteric patients into models of sterile, saintly women with his ascetic therapies. He encouraged women take control over their bodies only under his supervision.

Medical Discourse in Samuel Richardson's *Clarissa*

When discussing the impact of Cheyne's medicine and persona, Lawlor describes the physician as a "conduit" for a personal blend of religious-medical

theories on nerve theory and feeling "to the literary and popular culture of the eighteenth-century" (49). Baker-Benfield has also convincingly established that Cheyne provided a language of sensibility to his influential entourage of writers and thinkers, notably Samuel Richardson. I believe that Cheyne's moral theories of appetite and diet similarly come to fruition within literary culture. As his patient, Richardson was intimately acquainted with Cheyne's practice. As his printer, Richardson was especially familiar with Cheyne's medical theories. Likewise, Cheyne was an avid Richardsonian. Often privy to Richardson's manuscripts, Cheyne advised the author on his writing. He shared his formative goals with Richardson, who himself sought to spread the gospel of good living through good literature. Early unpublished versions of Richardson's *Pamela* were among the many subjects that passed between them. *Pamela* was one of Cheyne's favorite novels, and he was sensitive to Richardson's portrayal of the trials of a young "model of Christian womanhood" whose exquisite sensibility, echoing Cheyne's theories, affirmed her move from lower to upper class society (Guerrini 165). As Guerrini explains, Cheyne's involvement in the development of *Pamela* attests to his personal recognition that to "capture the public's attention, books could not be merely didactic, however uplifting their content. They needed also to entertain and, by the use of empirical, concrete examples, to engage the reader's sympathy in vicarious experience" (Guerrini 164). From this perspective, literature possessed a diagnostic quality in its ability to convince readers of the lived experience of medical theory.

In providing readers with virtuous anecdotes, Cheyne's and Richardson's collaborations offered the building blocks of self-improvement. Readers were expected

to mold their lives in the image of positive literary characters and avoid the habits of negative examples. Unfortunately for Richardson and Cheyne, critics often condemned this framework, and each received their share of disapproval. Dr. John Wynter ridiculed Cheyne's dietary advice in a satirical poem by claiming it killed patients, telling him to "[e]at grass, reduce, thyself, and *die*," so that "[t]hy *patients*, then, may *live*." (Cited in Guerrini 128). Cheyne responded in verse. Affirming the originality and credibility of his dietary advice in his own poem, he claimed Wynter's skepticism was an effect of his unruly lifestyle: "Were you to milk and straw confin'd/Thrice happy you would be./Perhaps you might *regain* your *mind*,/And from your *wit* get free" (Cited in Guerrini 128). If Cheyne did not convince with conventional medical rhetoric, he could do so with his—or perhaps Richardson's—literary flair.

Given their intertwined professional and personal relationship, it is of little surprise that certain themes appear in both Richardson's and Cheyne's writing. Each, in their own ways, sought to enhance the judgment of future generations, by encouraging the virtues of self-control. While Charlton and Guerrini note that Catherine's case is "eerily reminiscent of the fictional Clarissa twenty years later," I see the similarities to be far from coincidental (Guerrini 108). Instead, the many themes linked to Catherine's dietary illness—medical, sentimental, familial, and romantic— are dramatized in Richardson's *Clarissa* which might seem to offer an unofficial version of Catherine's case. Richardson provides a model of women's food refusal which celebrates Cheyne's specific method of treatment, and perpetuates his ideals of dietary self-management, including his contradictions. Although Cheyne does not seem to have been as active as he was in the composition of *Pamela* in personally

advising Richardson as he wrote *Clarissa,* Cheyne's favorite daughter, Peggy, did (Guerrini 155). While one can only wonder the details of the intellectual triangulation between Cheyne, Richardson, and Peggy, who Guerrini claims "inherited her father's interests and intellect" (Guerrini 155), *Clarissa* certainly bears the mark of Cheyne's medical and spiritual concern in regard to diet.

Richardson's masterful realism has led to a tendency among readers to interrogate the heroine's intentions rather than consider how they were artistically and rhetorically constructed. That Clarissa, to be sure, was not a real person does not seem to prevent readers from approaching her illness—or for some, her self-starvation—as if it were. Richardson's iconic, sentimental novel recounts the tragedy of its eponymous heroine primarily through two parallel correspondences, that of Clarissa Harlowe and her friend, Anna Howe, and Robert Lovelace John Belford. Although a paragon of feminine virtue at the novel's onset, Clarissa's downfall begins when she refuses to accept the suitor her family has chosen for her. As the dispute develops after she begins an acquaintance with Lovelace, a known libertine and, notably, her brother's adversary, it includes the Harlowe's repeated accusations that she refuses their wishes out of an unavowed love for the antagonist. The first third of the novel dramatizes the dispute, culminating in Clarissa's confinement by and then estrangement from the family members she was once proudly dutiful towards. The plot develops with one damaging circumstance after the next until its main conflicts are impossible to resolve. Lovelace kidnaps Clarissa, taking advantage of a moment when she mistakenly places her trust in him. He holds her hostage in a disguised brothel, and when he fails to convince her to agree to a fraud marriage with him, he finally drugs and rapes her after

some initial unsuccessful attempts. Afterwards, Clarissa, "broken" by the trauma of familial alienation, imprisonment, and rape, comes to lose her taste for life. Throughout the final third of the novel, she slowly "wastes" away, and eventually dies.

Food refusal in *Clarissa* serves as a controversial, theoretical motif. When Clarissa's claims that she is simply unable to eat are greeted skeptically, food refusal becomes the means to interrogate the moral responsibility of women's illness. While, as a beacon of feminine modesty and self-restraint, the heroine may never have displayed a hearty appetite, her extreme abstinence from food eventually acknowledges the trauma of sexual assault. The tragic use of the ambiguous motif of food refusal also allows Richardson to work through his warnings against abuses of authority and the idealization of sentiment. With Clarissa's post-assault letters, Richardson presents a character whose mental state is irrevocably damaged. Her inability to eat is an indirect expression of her pained state. However, as it is directly linked with her demise, her eating habits come to represent specific textual concerns: does Clarissa abstain out of sickness or out of vengeance? Is her refusal to eat the sign of appetite loss or appetite suppression? Or, more specifically, is she suicidal?

Richardson's epistolary style drives forward this narrative of food refusal, but as readers are introduced to Clarissa's weakening state, either through her own letters or those of other characters, there is an imbalance in this narrative. Lovelace is the primary interpreter of Clarissa's want of appetite. Clarissa's alimentary abstinence becomes an important subject in Lovelace's letters while she is held at the disguised brothel. When she declines invitations to dine with others and refuses most meals offered to her, Lovelace and his accomplices quickly take notice. While Lovelace does

not elaborate much at first, his concern grows as Clarissa continues to refuse and he hesitates to accept the intensity of her abstinence. When hinting to Belford of his intent to rape her, Lovelace underestimates the strength of Clarissa's perseverance: "Now let me tell thee that I have known a bird to actually starve itself with grief, as its being caught and caged—But never did I meet with a lady who was so silly" (557). Yet, this is precisely what happens—at least, from Lovelace's perspective. Like his imagined caged bird, the "broken" Clarissa no longer eats in the aftermath of the Lovelace's attempt to "tame" her. Richardson here seems to take a page out of Cheyne's notebook—Clarissa's resemblance to Catherine is striking. With his allusion to resistance against domination, Richardson's description of Clarissa as a caged bird refusing to eat in the name of its freedom recalls Cheyne's earlier complaints that Catherine "eat no more than a Parrot." Both Cheyne and Richardson pair an animal silliness with their suggestions that Catherine's and Clarissa's food refusal is driven by of heightened emotion.

Richardson strengthens his association of food refusal and exaggerated emotion much more than Cheyne ever could. Clarissa claims that her heart is "broken" after the assault (1018) and she eventually believes her only "refuge must be death" (1106). When at the brothel where Clarissa is kept hostage, Lovelace's accomplices plead with her to eat. Clarissa replies: "For what purpose should I eat? For what end should I wish to live? I tell thee, Dorcas, I will neither eat nor drink. I cannot be worse than I am" (895). Even after she finally escapes from Lovelace's hold on her, she is "far from thinking [her]self out of reach of this man's further violence" (1018). With little help left to her, she wonders if her "bad state of health (which must grow worse, as

recollection of the past evils, and reflections upon them, grow heavier and heavier upon me) may be [her] protection" (1018). Such a sentence reinforces earlier suggestions that Clarissa is indulging in grief. Before she escaped, Lovelace noticed Clarissa was "spiritless and fatigued," and "*troubled in mind*" (762). He informs Belford of her food refusal, and of his doubts that, even when she accepts food, she will actually eat it:

> Nevertheless, being resolved not to see me for a week at least, [Clarissa] ordered […] to bring up three of four French rolls, with a little butter, and a decanter of water; […] and that should be all she would live on in the interim. So, artful creature! pretending to lay up for a week's siege. (738)

Lovelace skeptically interprets Clarissa's abstinence as a rejection of his company. When stating that Clarissa eats "no more than other angels," he admits that, "in [his] eyes," she abstains completely and obstinately (738). Although Clarissa insists she "cannot eat" (798), her admission that she is weakened by constant memories of trauma allows others to fear she does not try to manage her feeling.

As the physician, Mr. Goddard, diagnoses her sickness as "a love case," he insists that medicine is no use if she refuses to cooperate by renouncing of her sentiments: "we can do nothing […] you can do more for yourself than all the faculty can do for you" (1081). Theories of sensibility hypothesized that, by producing a material impact of sentiment, an excess of love or grief could damage the entirety of one's well-being when creating blockages in the body's fluidity. Clark Lawlor accepts this view in his reading of Clarissa's illness as a form of consumption. Citing Robert Whytt's *Theories of Consumption*, Lawlor writes that the heroine's symptoms

correspond with "a pthisis pulmonalis," when "morbid matter" triggers nervousness by blocking the working of the lungs (51). Although other key symptoms of tubercular consumption, like coughing blood, are not represented, Lawlor argues that representation of Clarissa's illness demonstrates a "progression from nervous disorder to consumptive illness" (51). As previously mentioned, Cheyne's use of this term in Catherine's case was not stable in the 1720s. However, Lawlor claims that Cheyne did seek to develop this term later in *His Natural Method of Curing the Diseases of the Body* (1742). Lawlor writes that Cheyne

> made the crucial claim that consumption was the most significant disease affecting 'the Young and Delicat' in Britain next to nervous and hysteric diseases: 'indeed there is such a connection between high Hysterics with fits, and a Phthisis Pulmonum [consumption of the lungs] with Tubercles, that they generate Distempers, that afflict or destroy the noblest Spirits, and finest Geniuses, of this Island, as every one who has been attentive must have observ'd.' For Cheyne 'great Nervous Symptoms' were 'the first Stage, of Elements of a Phthisis'. He reinforced the idea that a consumption of the lungs was a disease that often struck the young, while also making a firm and newly formulated link between the English Malady (that cluster of psychological conditions arising from disorder of the nerves alternately called hysteria, hypochondria, melancholia and the Vapours) and consumption. (cited in Lawlor 50-1)

It is interesting that Cheyne's matured theory, one that seems to reflect his treatment of Catherine's case, comes out in print in the years that Richardson was writing *Clarissa*.

Given Cheyne's and Richardson's relationship, and their shared ambitions and interests, one wonders if, in some subtle way, they indirectly generated hype for the other's work. Cheyne's medical warnings may have seemed more serious next to Richardson's tragic portrayal (on a physical and social level) of dietary illness. Likewise, Richardson's fictional example could became all the more 'real' with Cheyne's medical support.

But, for as similar as Cheyne's and Richardson's medical portrayals may be, the shared use of suggestion and doubt of women's illness stands out more than their representations of the 'scientific' details of food refusal. With scenes of medical response, Richardson creates a conflict of diagnosis that turns around the body's opacity. Reference to Clarissa's "broken heart" evokes theories of feminine instability. For example, the novel's early debate on Clarissa's romantic feelings for Lovelace prepares a possible reading that she refuses her family's marriage arrangements out of amorous impropriety, and stubbornly hides her true intentions. Because mention of a "broken heart" refers to the passion disorders rooted both in grief and love, the triggering incident becomes central to the debate on the legitimacy of Clarissa's feelings. Although he does not refute that Clarissa is ill, Lovelace does question the focus of her sickness when asking: "And for what should her heart be broken?" (916). Despite Cheyne's association with nervousness and elevated intellect, and thinness with elevated intellect, that women were vulnerable to accusations of delicacy meant that their ability to think and understand was nevertheless limited. Just as Cheyne held tight to his suspicions of the Catherine's feelings of disappointment caused her illness, Richardson uses the same technique of suggestion to portray Clarissa's food refusal.

Although Clarissa argues that sexual assault destroyed her, Lovelace does not see rape as traumatic enough to cause the heroine to the ability to eat. He complains to Belford that, “Miss Clarissa Harlowe has but run the fate of a thousand others of her sex—only they did not set such a romantic value upon what they call their honor; that’s all” (885). Because the legitimacy of diagnosis is key to communicating Richardson’s critique of sentimentality, medical skepticism supports Lovelace’s point. When Mr. Goddard diagnoses Clarissa's “case to be grief” (1075)—a material disorder that is also rooted “in her mind” (1082), the legitimacy of sentiment is again doubted. Mr. Goddard’s practice further troubles Clarissa’s claims that she is destroyed by trauma. Stating that the “lady […] will do very well if she will resolve upon it herself,” Mr. Goddard “ordered nothing but weak jellies, and innocent cordials, lest you should starve yourself” (1129). He warns Clarissa “that so much watching, so little nourishment, and so much grief as you seem to indulge in, is enough to impair the most vigorous of health, and to wear out the strongest constitution” (1129). Convinced her malady could be soothed by counsel, Dr. Goddard urges Clarissa to receive him in friendship, rather “than by the prescriptions of a physician” (1082), but she is unable to forget his vocation. This only provokes the physician’s frustration. Despite acknowledging the effects of grief on the body, and portraying it as a serious affliction, Richardson’s medical anecdote develops the suggestion that Clarissa’s emotional “indulgence” is the true barrier to her survival. Moreover, when the responsibility of health depends on Clarissa’s willingness to accept medical guidance, (a method Cheyne developed), Lovelace’s responsibility of traumatizing Clarissa with kidnapping and rape is set aside. In the echo of Cheyne and Catherine’s relationship, Mr.

Goddard's request for Clarissa's friendship reveals how medical skepticism was used when treating female patients. Dr. Goddard's statements popularize the Cheynian principle that the physician's cures are only as good as his patient's desire to wholeheartedly accept them.

As this anecdote strengthens skeptical views on her failing health, it provides 'medical' legitimacy to Lovelace's view that Clarissa's inability to eat is disguised "Christian revenge" (1182), a passively suicidal form of self-starvation. Likewise, the Harlowes also hesitate to believe that she is as ill as rumor tells them (1313). They doubt Clarissa is sincerely ill and instead wonder if her illness is a sympathetic attempt to manipulate them. Attempts to make Clarissa "eat and drink as a good Christian should" (1058) impose a dominant masculine framing of her food refusal constitutes a moral "wrong": Clarissa's "religion […] should teach [her] that starving [herself] is self-murder" (1054)." As characters discuss Clarissa's food refusal, tensions over definition appear. While Clarissa denies her she is lying when claiming she cannot eat, letters from Lovelace repeatedly describe her as "starving herself" or "refusing to eat." In making these claims, Lovelace prepares his defense against accusations that he destroyed Clarissa with rape. He asks is "death the natural consequence of rape?" (1439). Eager to absolve himself from the fault of killing Clarissa, he insists that her food refusal is more psychic than it is physical. He views food refusal as an attempt to blame him too harshly for his actions against her, and thus, that it is a display of exaggerated emotion. Interpretations of her food refusal aim to identify an impropriety of intention, obsession with trauma, and refusal to heal on Clarissa's behalf. Instead of accepting her inability to eat as a symptom of grief, a widely discussed medical

condition of the period, Lovelace and the Harlowes read in her illness a sympathetic effort to control her surroundings and to take vengeance against them.

The "power" of food refusal?

It is worth asking again: why did women's food refusal provoke such great tensions? Although Raymond Stephanson argues that eighteenth-century readers would have understood Clarissa's death as a nervous atrophy, the result of her "nervous sensibility, or that intimate relationship of mind and body [...] in which one's mental state can have a direct effect on one's bodily health" (268), readers, like characters, have often struggled accepting the heroine's gloomy end. Some wrote to Richardson prior to the last volume begging him to spare Clarissa, while others penned alternative endings (Sabor, 2016). Debates on Clarissa's death have since continued. In contrast to Lawlor's use of eighteenth-century medicine to read Clarissa's illness, Donalee Freega uses modern psychoanalytical theories on anorexia nervosa to interpret food refusal. Freega seems to accept Lovelace's interpretation that food refusal is manipulative. As Freega analyses Clarissa's food refusal as a "behavior [which is] far from simple," she opts for a social rather than medical understanding of the heroine's withdraw from food. Viewing "hunger is a particularly female language," she argues that

> it is part of a confrontational collaboration that harms all its participants grievously. If it is a double-edged sword for women, it is equally dangerous to men. Lovelace has been killed by its razor-sharp blade long before he is run through by Mordern's less metaphoric rapier (4).

Because Freega asserts that Clarissa's abstinence is manipulative, she insists that the

heroine's "refusal of meals [are] political" as it indicates "her approval or disapproval of Lovelace's behavior," and serves as a method to "win her freedom" from him (79). Freega also argues that over the course of the novel, Clarissa punctually develops habits of abstinence, both when with the Harlowes and Lovelace, in order to make her refusal less easily remarked and more successfully controlling (80). This position makes the claim that Clarissa's food refusal was planned and intentional.

In fact, Freega appears to not only suggests that Lovelace eventually "catches" Clarissa's food refusal, but that she *infects* him. By her sympathetic influence, Clarissa's "political manipulation of meals ultimately results in [Lovelace's] inability to eat, (Freega 81)." At the end of the novel, Lovelace is himself unable to "eat, drink, nor sleep. [He is] sick of the world" (Richardson 1340). According to Ildiko Csengei, the concept of sympathy rendered possible eighteenth-century discourses of sensibility, like those found in *Clarissa* because, it

> denoted various instances of agreement, concord, harmony, consonance and correspondence. [...] [I]t also signified a harmony and correspondence of feelings, and capacity for sharing or entering into the emotional state of others. [...] Sympathy was responsible for the communication between bodily organs and distant body parts. (Csengei 40)

Clarissa's ability to influence is noted throughout the text. Her family's refusal to see her is partially out of fear that she is too persuasive and Richardson does often insists on Clarissa's *powers to move*. Even at the end of the novel when she is at the edge of death, Clarissa remains able to influence. As Belford tells Lovelace:

> I know that the sight of her would have been as affecting to you, as your visit

> could have been to her; when you had seen too what a lovely skeleton (for she is really lovely still, nor can she, with such a form and features, be otherwise) you have, in a few weeks, reduced one of the most charming women in the world; and that in the full bloom of her youth and beauty.

Sympathy was seen to have an "impulsive nature" that triggered social anxiety during the eighteenth century: "the possibility of excessive sentiment and the consequent threat to individual identity and social cohesion" (Csengei 40). Excessive sensibility could prove destructive to the ideology of rationality. As Csengei explains, "many worried that the excess of altruistic feeling had the power to disrupt gender and class boundaries and thus threaten the balance of the social and political order," thus challenging concepts of a "natural" hierarchization of people who were defined as essentially different and hence deserving of their social situation (Csengei 49). Rather than considering the novel as only Clarissa's tragic story, Freega insists that it also speaks to Lovelace's hardships: "all of its characters suffer and all of its characters cause suffering" (5). To Richardson's dismay, many, in fact, were especially open to the idea that Lovelace was more victim than villain.

That Lovelace is a complex, pained character is undeniable. The suggestion that Clarissa's (suggestively manipulative) food refusal is comparable to Lovelace's (admittingly manipulative) kidnaping and rape is, however, unbalanced. While Freega's position, one which relies on a psychological analysis of characters, stems from a view that "it is important to recognize that Lovelace's situation and characters are, in many ways, remarkably similar to those of the heroine" (47) because they are both "rich, handsome, brilliant, beloved, children" (5), textual and historical examples

show that their situations are very different. In particular, Joan Isle Swartz's article "*Clarissa* and the Law: Inheritance, Abduction, and Rape" can help recognize the specific material, mobile, and intellectual abilities that separate the two characters. For example, while Lovelace has available funds to organize a kidnapping and a scenario in which he can hold hostage against her knowledge, the heroine shares no similar powers. When Clarissa attempts to escape the brothel where Lovelace keeps her, her efforts are quickly halted by his expertise. As a chaperoned woman, Clarissa lacks an experimental geographical knowledge to move in London. Moreover, her limited financial abilities and secular *savoir-faire* are made apparent when Lovelace uses legal channels to capture her when he arranges she be imprisoned for mystery debts.

In contrast, as Schwartz demonstrates, "Lovelace's legal references, his use of correct legal language in his letters and his admission that his plan must have proof of 'evidence upon evidence' all make plain that he continuously prepares a possibly legal defense" (365). Lovelace creates a group of witness whom were led to believe that Clarissa may have already been, or would shortly be, his wife when she was actually under his guardianship. By planting rumors of a possible consensual elopement, Lovelace brags to Belford of the vast circumstantial evidence he has created if he must eventually defend himself legally:

> For had not the creature already passed for my wife before no less than four worthy gentlemen of family and fortune? And before Mrs. Sinclair and her household, and Miss Partington?—And had she not agreed to her uncle's expedient that she *should* pass for such, from the time of Mr. Hickman's application to that uncle; and that the worthy Captain

> Tomlinson should be allowed to propagate that belief; as he had actually reported it to two families (they possible to more); purposely that it might come to the ears of James Harlow; and serve for a foundation for uncle John to build his reconciliation scheme upon? And canst thou think that nothing was meant by all this contrivance? And that I am not still further prepared to support my story? (cited in Schwartz, 365-7)

That Lovelace can analyze and manipulate his social surroundings, that he can to create rumors and circumstances which become them *legally* truthful is revealing to the many advantages he has over Clarissa. As Schwartz notes, the heroine, on the other hand, "like Richardson's actual women readers," remains naïve and unaware of "situations which easily compromised her legally" (366). She does, however, appear to see the limits of her situation. Despite Anna Howe's insistence that she prosecute Lovelace for rape, Clarissa's refusal shows that she understands that legal avenues are impossible. As Schwartz writes, "Clarissa rejects secular law as an appropriate norm and protector, for she learns that it is neither, while Richardson himself knows that even if she did prosecute, it would probably bring her another defeat" (362). Given the legal, intellectual, social, and financial limits that trap Clarissa within Lovelace's guardianship, their situations appear to be far less similar than Freega suggests. His rape against her is simply one, although certainly the most saturated, example of this disbalance.

When Freega states that Clarissa's impales Lovelace with the double-edged sword that is her hunger, it is taken for granted that she speaks to the heroine's hunger as metaphor, meaning that in starving herself, Clarissa emotionally destroys Lovelace.

Yet, *if* Lovelace and Clarissa did share some similar situation, it could be seen with this point. While the two characters may damage each other emotionally, the execution of physical pain only goes in one direction: both can be said to act out against *Clarissa*'s body. Lawlor challenges Freega's analysis for its reliance on contemporary theories of anorexia nervosa, notably her argument that the psychological elements detailed in the novel show that Clarissa does not suffer from consumption. In contrast, he focuses on reading illness within eighteenth-century perspectives on the interconnectedness of the mind, soul, and body, stating that while

> Clarissa's disease certainly incorporates an element of self-starvation as self-empowerment, […] the motivations for this are less to do with patriarchy in twentieth-century consumer capitalism than the mores of eighteenth-century society, older traditions of self-discipline for religious reasons, and the disregard for food in the love melancholic. (Lawlor 63-4)

I agree that retrospective readings of Clarissa's illness as anorexia nervosa limit the issues at hand inside and surrounding Richardson's text. Lawlor's analysis of consumptive disorders certainly provides insight to the terms of illness represented in *Clarissa.* However, I believe that the religious connotations of food refusal complicate a smooth reading of Clarissa's illness as consumption. Viewing her illness as consumption only does not fully recognize the vast social efforts made within the novel (and the efforts made outside of the novel in real life cases) to attach an unstable medical term which systematically reduced her, and other women's, experience of food refusal.

Given Cheyne's influence on Richardson, as well as Cheyne's interest in the

spiritual forms of fasting by mystics, it is useful to consider how cultures female fasting resonate in *Clarissa*. Lawlor writes that "[m]edical Discourse was by no means separate from popular myths about consumption: the narratives of the doctors were likely to reinforce those myths even as they stated such assumptions in a medical language so technical that the lay person could not easily understand what was being said" (Lawlor 44). Indeed, I believe that because eighteenth-century discourses of consumption coexisted with, and were created in contrast to, practices of miraculous female fasting, readers would have likely understood the signs of illness as related to stories of female fasting. In depicting offense to Clarissa's food refusal, Richardson appears to provide his characters with an understanding of women's food refusal that precedes eighteenth-century medical explanations. If, for some, Lovelace's repeated questioning of her humanity in his descriptions of Clarissa as an "angel" ring metaphoric, Richardson was writing at a time when food refusal continued to be associated with sanctity. As examined in the previous chapter, fasting women's divine claims were still taken seriously enough to be disputed, and interesting enough to gain Cheyne's attention.

Considering that debates that fasting women were fed by angels, demons, or by invisible particles in the air remained relevant to the medical men of the mid eighteenth-century, it is worth asking how the spiritual characteristics of Clarissa's food refusal recall the tensions evoked by practices of religious female fasting. The spiritual dimensions of Clarissa's food refusal are diminished as the novel progresses—which is to say that although her ascetic leanings are recognized, they do not, at first, seem to be taken seriously. For all his complaints that Clarissa exerts her

Christian Revenge against him, Lovelace's hypothesis is not necessarily figurative. Accusations of Christian Revenge, in addition to the claim that she indulges in pride and honor, attempt to dismantle the legitimacy of illness when framing Clarissa's suicidal food refusal is blasphemous behavior. Like in cases of female fasting, Clarissa's entourage takes issue with what they view as an exaggerated sense of self-worth and an unrealistic attachment to her spiritual scruples. Freega notes on the tensions that surfaced in Clarissa's spiritual expression:

> Although Clarissa's self-denial functions as a private image of union with her God, it is important to recognize that it also constitutes a crucial image of union with her neighbors, a demonstration of her ability to transfer her wisdom and goods, to provide charitable service to others. The wealth she shares is both a physical and a spiritual wealth, effectively allowing her to bypass the traditional hierarchies of family and clergy without seeming to do so. Clarissa's individual and direct union with God allows her to usurp a clerical authority that she has long desired but never been able to attain. She is able to assume an unquestioned role as teacher, comforter, chastiser, and reformer, a role that would have certainly been prohibited to an ordinary nineteen-year-old girl, however sweet and pious she might have been. (Freega 100)

Indeed, response to Clarissa's food refusal recalls long held anxieties on that women used religious fasting to bypass gender norms. In an absence of secular protection, food refusal appears to symbolize Clarissa's social disenchantment, which, in turn, disrupts the society of the text. As Schwartz analysis of rape law shows, rape could and did exist within the patriarchal parameters set forward by eighteenth-century British

society. Rape could be "erased" were Clarissa to marry Lovelace. However, that Clarissa does not heal after the rape, that she does not regain an appetite, nor force herself to eat, nor accept to marry Lovelace, suggests a possible reading of food refusal as an act of "hardhearted" feminine vengeance, which, as Wendy Ann Lee writes, "offends because it betrays not an inability to love but an absolute refusal to do so" (34). The portrayal of Clarissa's inability to eat as evidence of a denial, not an inability, to love, sets a new tone for interpretations of women's food refusal. This narrative perspective makes a case to view a then recognized illness as an acute cultural symptom of women's individualism. Food refusal in *Clarissa* becomes a placeholder for larger debates on women's acceptance or denial of prescribed roles—an opportunity to shift focus from the heroine's claims and concerns to those of her accusers.

Salvation in Submission?

Richardson's moral is expressed through a circuit of sentiment shared among characters. In this uncertain space, a self-fulfilling masculine rhetoric of women's dietary illness is reinforced. As excessive feminine sentimentality is said to limit women's capacity for reason, the female patient is disqualified from representing herself or disagreeing with medical authorities on how to deal with her health. Cheyne's suggestion that Catherine is somewhat limited in grasping the context of her illness is a familiar tension in *Clarissa*. Like Catherine who Cheyne expects to accept the knowledge of the physician (an act that would allow her to 'grow out' of a teenage sickness), characters expect Clarissa's intellectual and emotional submission as a

prerequisite to "health." Instead of alleviating Clarissa, whether mentally or socially, rape causes the opposite result. Clarissa falls deep into a morbid grief under which her body disappears. Masculine intervention on the body is swapped for intervention on the mind when Clarissa is accused of indulging in emotion. While Clarissa's failure to heal after the rape ultimately troubles the period's theoretical cure-all of male physical intervention on the female body—one Cheyne disregarded himself—it points to an internalization of cure when mind is expected to dominate the body through a strength of will.

When Lovelace's aggressive campaign fails to mold Clarissa to the dominant logic of the body he espouses, Richardson makes room to support Cheyne's personal brand of doctoring. As Lovelace's own body loses its potency to dictate Clarissa's actions, meaning in submitting to his and the society's erasure of rape by becoming his wife, the physician gradually moves into an authoritarian position. The physical power of the male rapist/lover transfers to the mental power of male physician as he becomes the ultimate earthly supervisor of female corporeality. Like Catherine, Clarissa is portrayed as unequipped to comprehend the state of her body, mind, and consequently, her health. The heroine's need of moral guidance is articulated through portrayal of her food refusal as a destructive, paradoxical act of self-preservation. While from a Cheynian perspective, appetite control manages sentiment, he argues that the process is void of its efficacy if undertaken alone. As he writes in *The English Malady*, anyone who "wantonly transgresseth the self-evident Rules of Health," which he prescribed, would otherwise be, "guilty of a degree of Self-Murder [..] and consequently, the greatest Crime he can commit against the Author of his Being" (4). By associating a

refusal of the physician's authority with blasphemy and suicide, Cheyne offers a theology of medicine defined by his prophetic rhetoric. At the same time, in order to adhere to his medicine, he asks patients to confess to the physical flaws. Effectively serving as a propaganda for a new subtle expression of male medical domination over the female body, scenes of medical response in *Clarissa* appear to claim that the 'real' source of women's dietary illness is the *unwillingness* to heal.

In light of documents studied here and in previous chapters, the willingness of a woman to respond new medical ideals is offered as a new principle of "health." This meant that a woman's personal understanding of her illness was proposed as a stubborn barrier to the physician's work. Both Cheyne's treatment of Catherine and Richardson's thematization of women's dietary illness point to growing difficulties with women's sentimentality among the upper classes over the century. According to t'Hof,

> The emerging social organization of the nineteenth-century medical professions and the concomitant status aspirations inspired physicians to describe and to discover new disorders [...] They provided a disease definition acceptable for the girls' families from a medical as well as a social-class point of view. [...] Unlike fasting girls, these 'high-born and accomplished victims' did not appeal to divine empowerment. Nor were their families inclined to condone, stimulate or exploit the girls' behavior, as was the case with fasting girls. (t'Hof 51)

Instead of a "transition from religious to psychological fasting" (t'Hof 68), Richardson represents a collective denial of the religious attributes he nevertheless associates with his character's food refusal.

Clarissa's impact is, by now, common knowledge. This tragic story set the tone for the ideals of romance, individuality, and, most specifically, "female consumptive death." (Lawlor 58) Considering Lawlor views Clarissa as "the template for future sentimental heroines in Britain, America and Europe," it is worth asking how, given Richardson's and Cheyne's shared ideals, later medical writers looked to this text when further categorizing women's dietary illness (Lawlor 58). Although it is clear that the *fictional character* did not suffer from anorexia nervosa, is it impossible to ask how Cheyne's and Richardson's collaboration influenced the medicalization of psychological self-starvation that followed in the next century? Cheyne's uncanny resemblance to the male figure in Rowlandson's portrait of *Dropsy courting Consumption* seems less coincidental in light of the doctor's inclination to take a knee before the harrowing experiences of the Catherines and Clarissas, as well as the Ann Moores and Antoinettes, at the tail end of life. His affection and acquaintance with wasting women, in practice, by literary collaboration, or through his own reading habits, stands out as an intellectual source for the ensemble of his work, or perhaps, as the grounds on which he builds his ideological empire of dietary self-restraint. Interestingly, the first 'recognized' definitions of anorexia could have easily doubled as a summary of *Clarissa*. In his theory of hysterical anorexia, Lasegue explains that the sufferer of psychological self-starvation is likely:

> A young girl, between fifteen and twenty years of age, suffer[ing] from some emotion which she avows or conceals. Generally it relates to some real or imaginary marriage project, to a violence done to some sympathy, or to some more or less conscious desire. (Lasegue, 1873, cited in Malson 65)

Considering Helen Malson reads in this passage a "discursive construction of 'woman' that is at once medical and social," I wonder if the social characteristics of nineteenth-century psychological food refusal are inspired by an inheritance of an eighteenth-century system of belief on women's dietary virtue (Malson 65.) By the mid eighteenth-century medical constructions of food refusal rely more than ever on assumptions of limited feminine self-understanding and the belief that dietary illness is ultimately rooted in women's inability to manage feeling and spiritual experience. In the next chapter, I dive deeper into the religious and literary representations of appetite control by considering, in part, how Cheyne's and Richardson's ideals gained in authority when presented within women's late-eighteenth-century spiritual autobiography.

Chapter 5

The Self Starved: Autobiographic Accounts of Women's Food Refusal

In the previous chapters of this dissertation, I have primarily engaged with writing that offers a dominant, masculine, exterior scope for reading women's food refusal. I have attempted to highlight the many issues at hand over the course of the eighteenth-century medicalization of women's food refusal as it converges with the conceptualization of appetite control. The previous chapters have thus considered how women's food refusal became politicized in its reflection of the dominant cultures that aimed to contain it. This chapter takes this idea one step further by considering personal accounts of women's food refusal from the two poles of the long eighteenth century, one from the 1680s and the other from the 1790s. Both of the writers I consider were involved in what might be understood as intense, even radical, religious fringe groups. Although her specific affiliation is unclear, the late-seventeenth-century author, Hester Allen, appears to engage in a form of Puritan Christianity. Hester Ann Rogers, author of a late-eighteenth-century spiritual narrative, was an important figure in the creation of Methodism. She held an active role teaching, preaching, and converting for the early Methodist church. As such, she maintained a close relationship with Methodism's founder, John Wesley, who was himself a follower of Dr. George Cheyne's spiritually-sensitive medicine. Interestingly, as food refusal primarily surfaces in these texts within the context of the author's experience with God, or in Allen's case, the Devil, they also provide a glimpse into familial, clerical, and medical

support and anxiety. Both women mention interventions, which come in the form of either company, medicine, or reason meant to heal them. Moreover, while these women describe themselves as ill, weak, or sick, food refusal remains, from their perspectives, a voluntary, corrective measure.

Ursula Potter hypothesizes that as the "Reformation stripped away the comforting Catholic support systems and traditions," young women had fewer liturgical means of atonement. Potter argues that fasting, personal prayer, and meditation were the few penitent practices that remained available to Protestant women after the Restoration. Though "fasting for salvation" became alienated from its "long history in the Christian religion," parallel cases of spiritual illness, which had for symptoms self-imposed starvation or appetite loss, "became a veritable torrent under Protestant reform in the seventeenth century" (Potter 317). According to Potter, anecdotes of fasting for salvation, which were common to seventeenth-century writing, were gaining in pathological meaning. As seen in previous documents studied in this thesis, pathological explanations of food refusal were increasingly articulated not only by medical writers but also by philosophers, literati, and temperancers. Despite the ideological differences which framed its use, fasting retained its place both in humoral and mechanist theories, and in religious theories of the body—schools of thought that all agreed, to some extent, on the dangers of excessive corporeality.

By the end of the century, women's spiritual writing came to display similar medical anxieties about the value of food refusal. Rogers's narrative certainly engages with new unstable meanings of food refusal. As it places fasting at the foreground of her experience, rather than as one penitent technique among many, as in Allen's

narrative, it invites readers to ask critical questions on the nature of women's food refusal: is food refusal a form of willful harm against oneself and society? Moreover, in carrying on and condensing the echoes of contemporary, mostly masculine, perspectives on appetite control as a communicative tool between the feminine body and the feminine mind, Rogers complicates the debate on women's practices of fasting by providing a personal experience against which the gendered rules of appetite control may be measured. Her autobiographical text, I argue, brought legitimacy to medical folklore and politically-charged framings of women's food refusal.

The voices found in these female-authored texts contrast fundamentally with the politics of authorship composed within the ventriloquized voices of women's food refusal, such as those found in the medical case histories of rural female fasters examined in Chapter 3, or in George Cheyne's presentations of Catherine Walpole and Samuel Richardson's creation of Clarissa, examined in Chapter 4. In this chapter, I will argue that, by the time Rogers was writing, women's spiritual narratives had begun to reflect new political meanings of food refusal. By looking back to Allen's conception of food refusal, I aim to highlight how notions of women's alimentary abstinence transformed after the 1700s as, even in an explicitly religious context, they came to reflect cultures of rationality. Women's spiritual narratives throughout the long eighteenth century commonly portray the body as an earthly tether wrapped around the soul, one which must be shed either physically or intellectually for goals of spiritual freedom. Struggles between these "inner" and "outer" spheres of being characterize these texts. Because food refusal serves as an example of a woman's efforts to navigate the treacherous grounds where mind meets, first body, then spirit, it can illuminate the

body politics of a text. I will explore how alimentary abstinence functions, from a dominant perspective, as a thematic smokescreen, put in place to reinforce cultural tropes premised on the existence of a fundamentally flawed feminine imagination. As I discuss at length, the common feminist hypothesis that women's writing may most accurately depict and resist dominant masculine dogmas is, in the context of these accounts, fundamentally troubled. Like Felicity Nussbaum, who, in her influential study on eighteenth-century autobiography, "turn[s] from a separatist feminism that would claim that women's first-person narrative reveals a true self [to] argue instead that the texts may be read within circulating ideologies of gender and genre, and within a politics of difference," I, too, hesitate to assert that these texts ultimately present food refusal as a method of feminist resistance, for these women-authored accounts are not so simple (Nussbaum xviii). Rogers's account seamlessly blends together gestures of social resistance and submission to make them appear to come in a natural succession, one which shuffles her from ignorant girlhood to enlightened womanhood. A serious unpacking of Rogers's account casts a new shadow on the late-eighteenth-century articulation of women food refusal as an act of the will, a phenomenon that lays the foundation for modern concepts of appetite control and psychological food refusal in the nineteenth century and beyond. Indeed, Rogers's figure of the enthusiastic self-starver is one that comes from a complex intellectual and cultural heritage.

Food Refusal in Women's Late-Seventeenth-Century Spiritual Narratives

In women's spiritual narratives of the late 1600s, food refusal tends to emerge as a detail of a larger problem. Whereas an author may focus at length on the psychic

or affective pain of her spiritual anguish, acknowledgement of any simultaneous inability or refusal to eat may be brief or unsurprising given earlier associations of spirituality and food refusal. Appearing as a symptom rather than a condition, loss of appetite or refusal of food is usually of secondary importance in a personal narrative of possession or religious melancholy. Because the specific aim of women's spiritual narratives is to explore the transformation of one's understanding of her soul, the transformations of the body serve as one aspect of "a ruthlessly critical self-examination" meant "to decide whether one was saved or damned" (Hodgkin 2011 9). Yet, as psychic experience takes precedence over the physical, food refusal remains a marker in the larger sense of these texts. Because it presents the woman writer's relationship to the lived physical experience of the body, it can clarify her perception of spiritual struggle.

Unlike the case the case of Ann Jefferies, as seen in Chapter 3, where appetite is lost by possession, Hannah Allen's spiritual narrative represents the use of appetite suppression as method of resistance to possession. In her 1683 *A Narrative of God's Gracious Dealings With that Choice Christian Mrs Hannah Allen*[3], Allen describes a difficult passage of psychic disturbance shortly after her husband was lost in a trading voyage. Explaining her despair as the effect of devilish possession, Allen loses the ability to cope with daily life, including caring for her son. Remarriage and spiritual counsel eventually allowed for her recovery. Between 1666 and 1668, the minister John Shorthouse guided Allen through her spiritual anguish until it diminished,

[3] As I have been unable to locate the full-length pamphlet published by Allen in 1683, I here draw from the short passage included in Allen Ingram's *Pattern of Madness*.

following her marriage to a "god fearing" man, Charles Hatt (Ingram 29). Throughout her experience, Allen is surrounded and cared for by her family members, specifically her mother and brother. Her mother maintains a constant dialogue with Allen on her condition, and although she attempts to convince her daughter to abandon her melancholic afflictions, she takes Allen's claims of devilish possession seriously. In contrast to the typical hostile reactions to women's mystical or magical experiences, as seen with Jefferies, Allen's experience of possession appears to be understood, or at least accepted, by her entourage.

Whereas Jefferies was said to attempt to actively hide her experience of possession for fear of aggressive reactions (her capture and imprisonment by a local magistrate proved these fears to be indeed well-founded), Allen's narrative displays no such outside concealment. Instead, her family, friends, and religious acquaintances appear to shield her from interactions outside their circle. Allen does, however, shut herself away from them when she intends to starve herself. By finding a "hole where some boards were laid" in the top of her house, she "crowed [herself]," without food, "and laid a long black Scarf upon [her]" in anticipation of death (Ingram 33). For Hodgkin, the lack of hostility to Allen's experience testifies to the intensity of beliefs held by her community. Hodgkin explains that spiritual autobiographers often describe a "personal descent into the pit of despair, and symptoms of wild and desperate behavior," which, while reflecting the period's humoral theories of melancholy, could be viewed within a religious community as an inescapable test on one's spiritual path (11 2011). As the religious habits of a sufferer's community influenced the general interpretation of one's state of despair, Hodgkin explains that "if they lived in a godly

household or were involved with a community perhaps more intensely religious than the mainstream," their experience may have been met with more consideration (Hodgkin 11 2011). We see this to be the case for Allen. Although she acknowledges briefly the medical attention she receives, her interactions with fellow church-going friends and a minister are of much greater importance than contact with a physician. Her ability to heal reflects her ability to regain confidence in her faith. That Allen's anguish never appears to be directed at those who seek to soothe her may suggest a supportive atmosphere where her claims of possession are not completely dismissed. Allen's text participates in a tradition of writing that emphasizes the trials of spiritual life—a method that provides the author with an opportunity for personal reflection and, by the author's ultimate perseverance, provides others with an example of spiritual progress. While it may seem unremarkable in many ways, such as the obsession with sin typically found in spiritual narratives of possession, the motif of food refusal in Allen's account provides a glimpse into how hunger was viewed by a religious woman during the Restoration, and demonstrates how descriptions of food refusal help clarify understandings of physical experience.

As the physical and the psychic clash, Allen contemplates ending her life on earth. She describes a veritable whirlwind of despair, including a suicide attempt, which leads to her decision to starve herself. She first plans to poison herself with opium, but is unable to obtain the drug. She then attempts to smoke a pipe filled with spiders and tobacco, following a superstition that spiders bring death (Ingram 32). She describes choosing to starve herself, but food refusal is not exactly intended to end her life. Rather, for Allen, food refusal is a multifaceted technique meant to distance the

Devil, or to thwart possession, at the same time as it is used to inflict suffering on the physical body in anticipation of death. At a particularly menacing moment when she fears the Devil is preventing her from attending church, she is powerless to his force. Unable to leave the house to attend a sermon, she confined herself in the top of the house where, in a paradoxical effort to defend herself from the Devil, she "intended to lye till I should starve to death" (33). She lay hidden for three days until her hunger and cold forced her call out for help. While it is unclear if Allen engaged in ritualistic fasting for penitence prior to the period of possession, she describes her food refusal as an extreme method she imposes on the body. Allen views her hunger as intertwined with her possession, a symbol of sin and physical unholiness. As Ingram explains, Allen, having "decided that by eating she 'encreased the fire from within," she refused food to live in suffering: "I would now willingly live out of Hell as long as I could" (29). Eating seems to increase hunger and inflame the passions. Rather than satisfying or soothing a physical need, Allen's portrayal of hunger is tied to an unholy sense of the body's desires, but suggests that hunger is something alien to oneself.

In contrast to descriptions where Allen uses self-starvation as a tool of corporeal self-destruction, hunger is also described as a physical burden, or a punishment. Hunger is characterized as a tool of the Devil, while self-imposed food refusal becomes a tool against the Devil. Guttierez claims that the link between demonic possession and food refusal has an especially feminine association in that it reinforces assumptions "that the young woman was powerless to stay the intrusions of the devil" and the "view that women [were] particularly susceptible to evil because of their inherent bodily and spiritual weakness" (Guttierrez 19). Despite food refusal

being used against the Devil, who is associated with hunger, the female body remains a site of vulnerability as it is cast as an insufficient protective barrier for the soul.

The clash between Allen's physical and psychic experiences is reflected in her struggles between the "inner" and "outer" worlds, when her perception seems to clash with reality. Losing sight of the world as it was before the experience of possession, her surroundings reflect her spiritual struggles. In this transformation, churches become "Hell-house[s]" and black clouds roll over the sky (31). She interprets these visions as signs of her weakness, as evidence of just "how vile I was" (31), and she believes she is a "Monster of Creation" (3,5). Allen's personal reflection on her period of possession expresses the position that she viewed the experience as one triggered by outer and inner forces, by an imbalance between spirit and society. Allen attributes her torment to other-worldly forces. She insists her "sinfulness" is the result of devilish possession, and comments on her fear of the Devil's presence in such a way that invites a reading of her struggle as one that evokes the Christian conflict of good and evil.

An imbalance of "inward and outward distempers" (30) forces Allen to recognize an imbalance between "both Soul and Body" (31) that must be rectified. Yet, despite her desire for harmony between what can be understood as her inner and outer selves, highlighting the body as a site vulnerable to possession associates "outward" physical experience with evil. The "outer" world is one of danger, where she occasionally hears the voices of spectral men "singing in the night" (30). That Allen believes these to be "Devils in the likeness of Men, singing for joy that they had overcome me" (30) points to a vulnerability to exterior, masculine forces. The feminine sensitivity to possession is here especially present.

Allen's depiction of her anguish through a model of religious melancholy or possession may have allowed her to transcend social barriers by permitting her to explore her dissatisfaction with her relationship to the world around her—whether it be an articulation of sexual, domestic, or spiritual frustration. Ingram claims that the "expression of her insanity was entirely religious" (Ingram 29). However, Allen's account also includes reference to her struggle with maternity and widowhood. Physicians of the time likely would have noticed the erotic suggestiveness of her testimony, notably in the contexts of widowhood and remarriage that frame her account of possession. As previously considered, medical theories which situate women's appetite disorders in hysterical sexual deprivation or melancholic grief could have easily been applied to Allen's state. Yet even if Allen describes her experience of possession in melancholic terms, little indicates she accepted or understood herself pathologically. Hodgkin confirms that the hesitation to endorse the sexual deprivation medical models, such as lovesickness and greensickness, which placed ill mental health as an effect of an unregulated sexual appetite, is meaningful to religious narratives because it "signals a gap between spiritual and secular understandings of melancholy and related disorders" (Hodgkin 2011 81). Instead, because disorders of sexual appetite were "subordinate to religion in the hierarchy of causes (as well as potential cures), […] the language of judgment, sin, punishment, and salvation carries greater weight than the language of sexual privation and reproductive disorder" (Hodgkin 2011 81). Given that women spiritual writers are usually meant to serve as examples to others, devotional texts aim to build up female figures as "redeemed by God's grace, rather than signs of women's moral and physical inferiority" (Hodgkin

2011 81). However, throughout the long eighteenth century, placing value on a woman's wisdom proves a complicated affair for religious and secular writers alike.

Despite the ability to present a religious model of health that somewhat differed from more explicitly medical models, Allen's possession narrative nevertheless hints at a shared conflict between collective and individual perspectives on health, specifically women's ability to express a personal understanding of the body. The tension of self-representation is, as I argue over the course of this thesis, a central debate in the history of women's food refusal that is often made apparent through literary practices. Women's religious writing is no different. Hodgkin suggests that "the religious motif" of psychic disturbance in some ways "transcends the issue of gender" through its focus on the state of the soul, rather than the body (9). This could make "worldly identities—including gender" seem "irrelevant" (9). But, she is quick to mention that this principal was less prevalent in practice. Whether in a case of possession or religious melancholy, "mental weakness" could render one susceptible to both models, and popular opinions held that women were the most vulnerable (15). Much of the research on early-modern and eighteenth-century melancholy has established a difference in treatment between men and women suffers. Notably, the associations of melancholy with creativity and a high intellectual ability are, in practice, far more often attributed to men. "[W]omen's relation to melancholy," writes Hodgkin, "is less positive than men's, more bodily, less intellectual." (2011 3). This position maintained that even if a woman convinced herself she was possessed, she probably simulated possession in her delusion. Both theories of melancholy and theories of possession share the assumption that sufferers misunderstand their bodies. This results in a delegitimization of the

integrity of the sufferers' verbal account of themselves, which, for women, was especially fraught.

Women's self-knowledge was troubled in an experience of religious melancholy, a form of mental disturbance characterized by intense spiritual longing, and a common entry in early-modern and eighteenth-century medical treatises. Around the late seventeenth-century, religious melancholy reflected the bilious imbalance in which humoural theories rooted melancholic afflictions; as it transformed throughout the 1700s, religious melancholy was gradually recast through the scope of nervousness. But despite these changes in explanation, and in spite of the similarity of views held on other forms of mental disturbances, religious melancholy continued to encourage readings of illness as a moral failing. In the early eighteenth-century, George Cheyne, himself at times a likely candidate for religious melancholy, expressed a particular scorn for the religious melancholic. He observes "that kind of Melancholy which is called Religious, because 'tis conversant about matters of Religion," is most often found in "Persons so distempered [as to] have little solid Piety" (Guerrini 125). Considering this principle coexists with a contradictory claim that the best way to deal with "raging" passions is to "to drown [them] in that Spiritual one of the Love of God," Cheyne reserves the right of the physician to pronounce the verdict of diagnosis and cure (161 1724). Growing trends in the ability to accept (or reject) illness reflects the propagation of male medical knowledge in the eighteenth century, especially as to the definition, treatment, and rearticulation of women's spiritual experience.

Allen's account is surely representative of understandings of religious melancholy during the Restoration, well before Cheyne was writing. My interest in

presenting her text, however, lies elsewhere. To be sure, I do not seek to reread her experience of possession as melancholy. Instead, I wish to draw attention to the shared point of tension between the concepts of possession and melancholy, and to highlight how notions of "excessive" spirituality, here in relation to women's food refusal, supported the notion of mistrust attributed to women's accounts of possession *and* melancholy. In scholarly literature on women's food refusal, the historical politics of enthusiasm has been sidestepped for a focus on the history of new medical models of food refusal. Within these discussions, enthusiasm has not been viewed as an impactful gendered political problem. Yet, as I have sought to explore throughout this dissertation, my findings uncover eighteenth-century political frameworks which aimed to limit spiritual experiences which could be seen as "enthusiasm." I believe these politics influenced the rise of appetite control as a gendered technique of self-control as well as a pathologization of psychological self-starvation. I believe that, given the distance at which certain critics have kept women's spiritual narratives, and the habit to refrain from a literary analysis of early medical literature on dietary illness, the eighteenth-century disapproval for women's spiritual afflictions has passed under the radar in the history of diet and food refusal. For this reason, I look to Allen's text for its ability to express a personal account of food refusal, but also its own troubling of women's self-perception.

I contend that cultural conceptions of the limits of feminine understanding emerge as an issue central to the rise of women's appetite control. In my study of the medical skepticism aimed at female fasters (Chapter 3), I pointed to cultural tensions surrounding women's self-representation, specifically as to claims of divine

intervention. Women's spiritual narratives receive a similar scrutiny as to whether visions or holy experiences are genuine. At one point in her narrative, Allen describes herself in the third person. This abrupt shift lends a spectral tone to Allen's personal experience. Allen seems to exist outside of herself, or at least, outside of her body. Somehow separated, "she" exists elsewhere, rejecting invitations to pray with others, and citing a physical unworthiness: "The Minister's Wife did sometimes importune her [Allen] to pray with her, but could not prevail, she always excusing herself from her unfitness to take the holy and reverend Name of God within her polluted lips" (Allen 34). Allen's identification of the mouth as a site of contamination understands feminine physical impurity through theoretical associations between appetite and desire, as well as the need to eat and the ability to speak. Allen describes her own body as distancing her from God's truth. Incorporated into this idea is the subtle pretense that women's appetites, or consumption, obscure their ability to interpret experience accurately and to recognize truths, a process which becomes more obvious in anecdotes of women's food refusal throughout the century. Moreover, Allen's use of the third person in her self-writing separates the soul and self, identifying the body as influenced by the outer—the Devil and society—while the inner experience, the spirit, continues to be in touch with God. Rather than seeing a process of secularization guiding food refusal, looking forward from Allen's text can highlight how the morality of diet developed through a polite reform of women's religiosity, one which sought to remind women of their duty to others as domestic keepers as opposed to individuals on unique spiritual paths.

To further explore the associations of women's spirituality, the will, and

appetite control, I turn to an important Methodist narrative that brings alimentary abstinence to the foreground of debate. As the century progresses, the concept of food refusal in women's spiritual autobiography transforms along similar lines as it does in medical literature and fiction. Moving away from descriptions of food refusal as either a conscious practice of penitence, meant to improve a woman's relationship to God, or a loss of the need for appetite through supernatural intervention, food refusal comes to occupy an ambiguous position, oscillating between the territory of illness and stubbornness. By the end of the century, as we will see with Rogers's spiritual narrative, food refusal comes to be discussed at once through a language of moral affliction and addiction. The role of the will moves to the foreground as it becomes identified with the acute source of women's physical, psychic, and spiritual despair in cases of pronounced food refusal. Instead of serving as one method among others in a struggle against evil, extreme food refusal emerges as a blend of sin, moral failing, and illness.

Food Refusal and Autobiography in the late Eighteenth-Century

By the end of the eighteenth century, food refusal took on a prominent narrative role as women's spiritual writing came to reflect new medical and religious ideas of alimentary abstinence. No longer mentioned as a minor detail in religious self-writing, alimentary abstinence gains new meanings as it transforms from symptom to condition. In fact, in Hester Ann Rogers's spiritual narrative, she casts her experience of food refusal as a result of a profound crisis of faith—a physical sickness caused by the flaws of self. Born in 1756, Hester Ann Rogers was an important figure in spreading the

Methodist gospel during her life and after her death. As an intimate acquaintance of the movement's influential founder, she maintained an elaborate correspondence with John Wesley, and even appears in etchings of his deathbed scene. For Wesley, Rogers was a rare example of the ability to experience holiness in life on earth, and as such, he considered her to be a spiritual descendant of French Quietist mystics (Collins 553-4). Wesley's ideals were strongly influenced by George Cheyne's medicine. According to Bryan Turner, by Wesley's endorsement, the Methodist movement popularized Cheyne's elitist ideals of dietary management. Because Cheyne's "dietary management matched Wesley'[s] religious asceticism [it] was incorporated with the Wesleyan 'method' of regular, disciplined, and orderly life" (Turner 26). Moreover, Turner suggests that this movement allowed rational dietary management to develop as a pillar of the emerging nineteenth-century Protestant capitalist work ethic as it aimed to reform workers' health and hygiene. Interestingly, given Wesley's personal relationship to Cheyne and his endorsement of the doctor's ideas, I believe Rogers, given her role in the rise of Methodism, may be seen as having herself participated in the popularization of Cheyne's ideas, and specifically in directing his ideas to a female audience. Does Rogers's text provide evidence that Cheyne's politics of appetite control, including their characteristic contradictions, became incorporated into late eighteenth-century women's understandings of the self? Moreover, does Rogers make modern the notion that "self-control" can be achieved by regulating the feminine appetite? After all, there is no denying the contagion of her ideas. Influential on paper and in person, Rogers is believed to have "converted thousands" during her ministries in Ireland, and her writing lived on long after her death (Collins 554).

Writing constantly from a young age until death, Rogers kept daily notes and journals, mostly focused on everyday details and reflections of her spiritual journey. Food refusal, the subject of her later spiritual account, however, seems absent in her twenty years of journaling[4]. Only in her "An Account of Mrs. Hester Ann Rogers," written shortly before her early death at 39 and first published in 1793 (Collins), does she treat the subject of her self-inflicted suicidal starvation, which spanned a period in her mid to late adolescence that immediately preceded her commitment to Methodism. An incredibly popular document sold at Methodist chapels in Britain and America after publication, it went through multiple reprints and received many edits and additions from various Methodist men of influence—Rogers's husband and the preacher Thomas Coke. Vicki Tolar Collins suggests that Rogers's text was posthumously edited to downplay her spiritual importance and mysticism. Collins identifies an accent placed on Rogers's wifehood and motherhood in later editions, with a simultaneous diminishment of her spiritual leadership, which leads Collins to suggest the original account may have been perceived as somewhat controversial.

Rogers's preference for personal spiritual development often conflicted with her expected social role as a young woman. Raised in an Anglican family, Rogers became interested in Methodism over the course of her adolescence, much to her family's aversion. Because her father (an Anglican minister) and brother died when Rogers was nine, she and her mother were left in a financially difficult situation. According to Johanna Gillespie, Rogers's fasting began when her mother sought to secure the family's dwindling finances by preparing her daughter for marriage. Collins

[4] Rogers's unpublished journals are held by the John Ryland's Methodist Collection at the University of Manchester.

additionally suggests that Rogers's mother may have been an alcoholic (559), and that Rogers stopped eating in a time of familial disorder. Her father's death had a significant impact on her emotional state. His loss is expressed as a loss of moral direction that leads Rogers to reconsider her mother's parental abilities. In her "Account," she describes her family as a generally pious one that was led with the force of a father's knowledge. She details his warnings against reading novels and dancing. Her mother, on the other hand, encourages her daughter's sociability after the father's death, insisting on a need for Rogers to prepare quickly for marriage. At first, Rogers describes herself as going along with her mother's wishes, but then finding herself in turmoil. When Rogers attempts to resist her mother's guidance, her mother remains firm, locking her daughter away for eight weeks to prevent her from sneaking out to meet Methodists. In converting, she risked being subjected to familial rejection and homelessness. Amid this tension, around the year 1774, Rogers severely decreased her food intake and increased her prayer, which she saw as an act of penitence, until she nearly killed her by self-starvation. Ignoring most pleas to renounce this practice and "choose" life, Rogers only does so when her cousin confronts her understanding of fasting. After years of renunciation, and now at the edge of death around 18, she begins to expect her much longed for death. She stops fasting only after her cousin, through an accusation of blasphemy, argues that self-starvation is un-Christian, specifically by applying to the religiously-endorsed logic of medicine.

Because it was written at a time when she was already well-known in the Methodist community and was likely crafted with the idea of becoming a conversion narrative, Rogers's "Account" is a far from private text. By showcasing her experience,

the text guides the reader to embrace the Methodist faith. Rogers's portrayal of food refusal is a crucial detail in this story of spiritual and physical transformation. As it characterizes the Rogers's inner and outer experience, food refusal provides, much like it does for Allen, the motif for conversion, meaning that it articulates a crisis of faith, as well as a move towards personal realization with church guidance. She provides a logic to food refusal as she gives it a central place in her life story. In fact, in describing her near death by suicidal starvation, the practice of self-writing allows Rogers to create a "self" and situate it at the heart of the conflict of her food refusal. As food refusal is, for Rogers, an action that reflects false faith, I argue she comes to theorize women's alimentary abstinence through her claims of recounting "true" experience.

According to Felicity Nussbaum in her study of the late-eighteenth-century emergence of autobiography as genre, the ideological underpinnings of self-writing often reflected the political and social contexts within which they were written. Nussbaum argues that personal narratives took on a new shape in eighteenth-century Britain in their focus on the "self" as a composed, coherent concept that exists, in full, outside of its narrative logic. Although the term "autobiography," she explains, was not likely used in a work's title before the mid-nineteenth century[5], literary constructs of the composed "self" become increasingly common in late eighteenth-century literature. As Nussbaum writes,

> [u]nity in "self-biography" was also perceived to derive from a narrator and author who were the same, who existed in history, and who expressed an

[5] W.P Scargill's *The Autobiography of A Dissenting Minister*, (Nussbaum 2).

> interior reality. The point of late-eighteenth and early nineteenth-century texts is that an infinitely varied but unified self exists, and that writing and reading autobiography is morally and aesthetically rewarding. (Nussbaum 2)

Nussbaum here describes new expectations for self "understanding," which denoted the ability to reflect on and explain one's habits and qualities. These expectations are dense with echoes of a rational culture that valued calculated affirmations of knowing. That the narrator and author of a text are expected to share the same subjectivity suggests a desire to imagine identity as fixed, founded on an unchanging essential self, or soul. Moreover, acknowledging an Enlightenment desire to read accounts of the "unified" self, Nussbaum identifies a point of cultural slippage where readers came to seek true reflections of reality in literature, and where, in the other sense, writers sought to produce it.

As suggested in previous chapters of this dissertation, scientific progress introduced new notions of "truth" and "authenticity," concepts for which the stakes were raised by empirical efforts that scrutinized the production of knowledge. Similar to medical efforts that demanded access to the interior body, readers asked to see the workings of the interior psychic experience. Attempts to write a unified self, as well as the desire to view it, echo medical tensions surrounding the body's opacity. In the desire to read a composed truthful self, we see similar literary concern around truth-telling. Because, as Nussbaum suggests, "eighteenth-century self-writing sets out the subject's fragmentations and discontinuities, its repetitions and revisions," readers could be "compelled to make all the pieces of self and experience fit an identifiable mold as conflicting concepts of identity interplay within them" (15 Nussbaum). From

this perspective, self-writing, as a process for writer and reader, can be understood as a method of discovery, or rather, of uncovering, in an attempt to view the depths of psychic experience.

For Nussbaum, eighteenth-century transformations in literary representations of the self made "possible the definition of a gendered middle-class subjectivity" that was "previously unavailable to the lower laboring classes" because it allowed for the creation of unarticulated identities. For such a reason, Nussbaum believes that eighteenth-century autobiography is especially potent in communicating the "economic and political interests they sustain" (Nussbaum 15). For a religious context like the one Rogers wrote in, representations of gender maintained a particular importance to spiritually didactic material. For the woman writer, depicting spiritual experience often risked creating hierarchical tensions. According to Nussbaum's study on women's spiritual narratives in particular, traditional gender roles were compromised as "religious conviction gives women new authority to assert their independence from their husbands" (Nussbaum 163). Women's pronounced religious convictions regularly created uncertainty around gender norms. As Nussbaum writes, "personal narratives furnish women with 'selves' that grant them power to imagine alternatives to prevailing gender hierarchies" (167). However, this same religious conviction that, for Nussbaum, "gives [women] new independence" also "severely restricts it" by reinscribing the same heterosexual difference it resists (176).

Patricia Meyer Spacks also takes up the influence of gender in eighteenth-century self-writing, stating that "[m]ore emphatically than fiction, eighteenth-century autobiographies revel the claims women wish to make" (Spacks 73). She suggests

women's self-writing engages with a politic of victimhood as it bears "a tendency to stress what has been done to the protagonist more intensely than what she herself has done—even when she has done a great deal" (Spacks 73). However, Spacks contends that, rather than permitting trauma narratives to dominate her identity, these women writers create a "mythology of her victimization" by "verbally converting it into a badge of her freedom" (Spacks 73). Each in their own way, Nussbaum and Spacks view women's autobiographical writing as a technique for navigating the territory between passive and active means of communication. Through a process of narrative selection—in other words, the choice to emphasize one experience and ignore another—women autobiographers' perspectives can be read as reflective of surrounding social ideals and contexts. Rogers's account indeed displays gendered tensions and commentary that can be read as a "mythology of victimization." However, the "victimizer," meaning the character who imposes pain or who oppresses, often remains opaque. This is not to say that Rogers fails to identify a "victimizer," to use Spack's term. Difficult to pin down at times, the "victimizer" of Rogers's narrative is more than an individual character; rather, it is a totality of feminine essence, one inherited and nourished by other women. Rogers systematically places female figures at the helm of her undoing, and she simultaneously turns to male figures, representatives of patriarchal, rational thought, as saviors. In contrast to her father, male cousin, and even a male physician, who together guide her to physical, intellectual, and spiritual reason, her mother and godmother amplify her appetite for diversion and luxury as they "feed" her pride. At first glance, Rogers's text carries a deafening misogynistic tone, but to read the text through this optic only, as to read it

through the opposing spectrum of emancipation, would fail to do its complexity justice.

Rogers certainly condemns the female body, but she does so to uphold her ability to live spiritually. Despite her intense efforts to highlight the weakness of the female body in the face of the appetites, Rogers aims to posit her personal path towards spiritual maturity as an example to incite other women to take up their own spiritual vocations, which at times included valuing personal over collective experience. In addition, despite her insistence on the limits of feminine reason, Rogers argues for women's intellectual and spiritual abilities. She was, of course, a leading figure in conversion efforts, and a spiritual guide for the first Methodists. In the next sections of this chapter, I seek to elaborate on these points by considering how Rogers created an influential text that mixes the mainstream with the fringe, the personal with the collective, fact with fiction, and, especially, resistance with submission.

Reason, Enthusiasm, and Feminine Feeling in Methodist Writing

From the eighteenth century onward, self-writing functioned with the assumption that the self is knowable, and hence, *writable*. Because an honesty of mind, like an honesty of body, is a central dilemma in Rogers's spiritual narrative, this principal not only informs Rogers's text, but also prepares readers to embrace her ideas themselves, one of which being that the truths of the female body and mind are best interpreted by masculine authorities. Before considering how Rogers prepares her readers to view her experience of food refusal as a demonstration of false faith, it is first necessary to examine the rhetorical power of the narrative's conclusion, one

elaborated with the climatic literary pleasures of suspense and revelation. The decisive moment in the text comes when Rogers's understanding of her food refusal as a godly practice is challenged by her male cousin, himself a Methodist. He takes issue with Rogers's claims that her imminent death by self-starvation allows her to experience divine ecstasy. Inviting her to reflect on the origin of her sentiment, he asks how she knows if this experience of holiness was "real and from God; and not a delusion, or imagination only?" (21). Although this seemingly simple question is held up as empathetic concern, it also unlocks the text's didactic political momentum. Serving as her cousin's ventriloquist, Rogers quotes his accusation: "You set up your own will, while you pretend to submit to the will of God; and, by not taking proper medicines, you are a murderer!" (23). This finally convinces Rogers that her food refusal is premised on insincere intentions. The following triumph over her "hard-hearted" abstinence is the climax of her short spiritual narrative and the beginning of her whole-hearted dedication to Methodism. The final renunciation of fasting serves as a corrective method that presages her firm acceptance of the Methodist faith, which, of course, comes with a new identity.

The intervention of Rogers's cousin might appear to the reader as a tender moment of familial support, a glimpse into a private, life-changing event where one person receives medical and spiritual advice that allows her to surpass personal trials. But as Rogers's cousin asks her to choose *his* idea of spiritual, scientific, and social duty, his character speaks with the corrective voice of rationality. Packed into his question on the origins of her happiness is a deeply Lockian accusation of enthusiasm, one which, as it is cast in Rogers's text, simultaneously amplifies themes of feminine

intellectual error. In *An Essay concerning Human Understanding,* Locke defines enthusiasm as fundamentally misguided, even if it is experienced as authentic for the one suffering from enthusiasm:

> These Men have, they say, clear Light, and they see; They have an awaken'd Sense, and they feel: This cannot, they are sure, be disputed them. For when a Man says he sees or he feels, no Body can deny it him, that he does so. But here let me ask: This seeing is it the perception of the Truth of the Proposition, or of this, that it is a Revelation from GOD? I may perceive the Truth of a Proposition, or of this, that it is a Revelation from God? I may perceive the Truth of a Proposition, and yet not perceive, that it is an immediate Revelation from GOD…How do I know that GOD is the Revealer of this to me; that this Impression is made upon my Mind by his holy Spirit, and that therefore I ought to obey it? If I know not this, how great soever the Assurance is, that I am posses'd with, it is groundless; whatever Light I pretend to, it is but Enthusiasm. (Locke 452)

We see that Rogers's cousin, a character within her narrative, offers a position very close to Locke's philosophy on enthusiasm, thus lending the voice of reason to Methodist thought. Riding on the coattails of a century of debate on women's spiritual practice and use of food, Rogers dramatizes a very serious question: are women rational beings? By way of the separation of Rogers's roles as narrator and heroine, we see that author and narrator, by depicting the heroine as constantly tripping over her own feet as she makes attempts to live logically, both in her faith and in mainstream society, utters a resounding "no" to the possibility that woman can, through their own

self-control, reason without guidance. After all, the inclusion of the anecdote of male religious-medical intervention emphasizes a personal recognition that she should not trust her own interpretations and senses. Creating a scenario to encourage readers to view the flaws of the mind, Rogers argues that it is through this intervention that she passes into a new state of being as a Methodist woman.

According to Misty Anderson, Methodism, as it gained popularity as a Christian practice, was often met with rational critiques. Specifically troubling to mainstream minds was the possibility that the Methodist self can "feel[] God" and conceive[] of its own agency intersubjectively as doing the will of God," which, as Anderson explains, "is a breached or failed consciousness in the language of modern liberalism" (Anderson 7). Portrayal of the self in such terms was criticized as effeminately zealous, as it failed to comply with "rhetorical strategy that props up the priority of a masculine set of values in the emerging scripts of modern gender, among them autonomy, rationality, and invulnerability, which have political and imaginative traction" (Ruth Salvaggio cited in Anderson 7). As Methodism became associated with irrationality through its characterizations as an enthusiastic, feminine practice, it was, for critics, a satirical gem, or as Anderson aptly writes, "an imaginative dumping ground for anxieties about the limits of self-knowledge and autonomy" (Anderson, 8). The possibility that Methodists could meet God intimately held troubling possibilities for various authorities, whether as clergy or physicians, because it offered new optics for viewing both physical and psychic autonomy and rational experience, essentially destabilizing hierarches which dictated relationships between the self and others.

As one of the earliest Methodists, Rogers was aware of the hostility aimed at

her form of religious practice, and thus ready to respond to mainstream criticism. Before converting, she held similar mainstream beliefs, "persuaded that to be a Methodist was to be all that is vile, under the mask of piety" (10). Her narrative takes us through the steps leading to her refutation of this opinion. In fact, as I go on to argue, she does so through appropriating many mainstream terms and ideas that often targeted new practices like Methodism. However, I maintain that these techniques rely on a serious dose of her own self-sacrifice.

Writing Feminine Irrationality through Excessive Appetites

Of the women studied in this thesis, Rogers is the only one to have held an active role within a church setting. Yet it is her writing that most explicitly condemns women's food refusal as a flaw of the feminine self. Whereas for female fasters and sentimental heroines, food refusal reflected a soulful inclination, Rogers creates a self superfluous to the soul, in which her practice of food refusal is anchored. Abandoning her extreme suicidal abstinence finally allows her to let go of the self she stylizes with food refusal. Rogers's text circulates around the hypothesis that feminine self-management is essentially impossible. That Rogers's narrative clearly echoes the period's widespread cultural and philosophical preoccupations speaks to its presentation as an "autobiographical" text, or as a *true* story; yet, upon serious consideration, the text appears far from spontaneously composed. Rather, Rogers's borrowing from and engagement with Locke's principal of enthusiasm is one of many intertextual examples which informs Rogers's story. By way of such intertextual techniques, she crafts a narrative that is explicitly political and philosophical. When

Rogers explores the notion of extreme food refusal as a form of willful illness and addiction, ultimately recasting her penitent fasting as suicidal self-starvation, she adds fuel to prominent moral debates on women's creation of the private self. In this next section, I aim to unpack her borrowings from literary, medical, and spiritual documents, which, in their ensemble, display anxieties about perceived forms of feminine physical and psychic autonomy. In fact, as I will argue, Rogers crafts a text that, through its claims to truth, transforms descriptive notions of women's food refusal into prescriptions against this practice. Roger stylizes herself as a model example of the limits of feminine reason as she makes a case *for* the domestication and medicalization of the feminine mind.

Unable to control her inflamed impulses, Rogers began "devouring" all the novels and romances she could get her hands on. She "delighted much in [the] ensnaring folly" of luxury as she grew obsessed with attentions paid to her beauty, clothing, and appearance: her "pride was fed by being admired" until in sickness she received a call to change her ways (6). During this indulgent adolescent spiral downward, a severe fever causes her to reflect on her bad habits. Fearing she is unequipped for Heaven were she to die at this time, she seeks to mend her ways by refusing all of her previously loved luxuries, and to use fasting and prayer as penance. Considering herself to be "sensible," she casts aside a love interest for his "unawakened" values (13), "vow[s] never to DANCE again" (15), and in a fit of rebellion, cuts off her hair and destroys her fine clothes. Rogers's mother, in opposition to "(what she called) [Rogers's] melancholy and enthusiasm" (17), confines Rogers for eight weeks for sneaking out to meet Methodists.

Her attempt to vanquish vanity falls short when she comes to exchange indulgence for denial. The "love of God" becomes her "meat and drink" (20). Themes of hunger, overconsumption, and purging punctuate Rogers's narrative of spiritual progress. In the foreground, of course, are her efforts at physical appetite suppression through penitence. When portrayed as a spiritual technique to discourage sinful behavior and encourage pious self-discipline, fasting is, for Rogers, meant to clarify the optic of the religious mind. In this context, hunger is an anchor that keeps the body and mind firmly planted in the natural world, serving as a reminder of the limits of the human condition and the need for nourishment. By refusing food, she seeks to minimize the influence of her physical attachments to the world. However, as Rogers eventually portrays herself as *indulging* in penitent fasting, food refusal transforms from an effort to minimize the influence of the earthly world into a violent tactic to outright deny it. Rogers prepares readers to see the flaw in her initial conceptualization of appetite suppression throughout her short text by repeatedly describing her alimentary abstinence through numerous representations of insatiability. Moreover, as with Allen, the thematic use of hunger makes readers aware of the separation between Rogers-as-heroine, Rogers-as-narrator, and Rogers-as-author. We see that, although Rogers-as-heroine is convinced she is acting with virtue when she suppresses her appetite to extremes, Rogers-as-narrator depicts the heroine as unaware of the scope of her actions. As the heroine insists on her logic of food refusal, the confidence she has in her ability to successfully control her appetite is overshadowed by adjacent tendencies to overconsume. She "resolved to use more *self-denial* of *all* kinds; and (whatever it cost [her] to health or life)" (22). By using "more fasting and prayer," she

"hoped by these means, to mortify and starve the evil tempers and propensities of [her] nature, till they should exist no more" (22). This sets her up to act in bad faith through a series of misunderstandings of the self, specifically her ability to be self-sufficient, or her ability to self-heal. Rather than refusing food, she learns that it is the "self" she must abandon.

The progress of self-abandon is articulated through a series of failed attempts to act according to personal understandings. One clear attempt to do this is through the bias of biblical literature. Rogers's portrayal of herself (as the heroine) as utterly overwhelmed by her insatiable quest for knowledge is indebted to a theological sensitivity to the origin story. Rather than emphasizing the consumption of a forbidden fruit, Rogers suggests self-sufficiency is the human error at the center of the origin story, though she does so partially by aligning herself with this feminine example. Like Eve, Rogers is seduced by the notion of self-sufficiency that would come with eating from the tree of knowledge. Rogers enacts an Eve-like character at the moment of fall to diabolical rhetoric in the moment when the serpent transforms the rules of paradise which restrict eating from the tree of knowledge. At the same time, Rogers also plays the serpent, Satan, as she speaks to herself, and suggests that she tricks herself from within. Like Hester Allen, Rogers displays an awareness of something deeply flawed inside her body. However, rather than believing a diabolical influence has laid siege to her inner self, the notion of possession is appropriated. "Evil" is in Rogers's own "corrupt heart" (25).

Rogers's echo of the origin story (and, specifically, her identification with Eve) is unsurprising, given that she wrote this text as a narrative through which she could

examine her spiritual progress and conversion to Methodism. Her study of biblical texts was, of course, a life-long practice. That the document was also likely intended as a conversion narrative for those reading it after her death sheds further light on the importance of biblical echoes in her account. To maintain its value as a spiritual aid, the religious and theological concerns of Rogers's time needed to take thematic moral precedent in her narration; her depiction of the perceived limits of feminine understanding is indeed representative of the period. After all, Rogers is not simply recounting Eve's role in the fall from Paradise, nor is she merely providing her opinion of it. Her use of this story runs much deeper. By reenacting Eve's error in an account of her own experience, Rogers aims to style herself as a modern example of an intellectually flawed woman, and thus create truths that lend credibility to dominant religious notions of women's inferiority.

Rogers depicts her spiritual awakening through a swelling, then an emaciation of identity. She presents the self before she engages in excessive food refusal, the self during the period of food refusal, and the self who is saved at the end of the narrative. Finally, readers are reminded that the adult Rogers also exists as narrator and author, both of whom are, at this level, confirmed leaders in the Methodist faith. Rogers writes chronologically, portraying the key events that led to her conversion. As she uses these events to organize the "life" of her faith, the self exists before the soul, which is situated even deeper. However, prior to her most intense crisis of faith, which ends her food refusal, Rogers is intensely invested in stylizing her identity. Her reading brings design to her mind, while her dress frames the body. She seeks out a role for herself among her peers, but as is demonstrated by the episode in which she accidentally

exposes her journal of self-examination at a dance, she reveals herself (to herself) as out of place in mainstream society. The narrative is thus structured to prepare for the climax of her recognition of her misunderstanding of her errors in confusing the soul and the self. The self-fashioning described in the first half of her narrative sets the tone for the wave of self-discovery (as well as the eventual rupture with the "self") that follows. After building her "self" up in the earlier pages of the text, Rogers moves downwards. The "self" becomes heavier to bear over time, and Rogers appears to peel away layers of her identity and personality in rebellion, slimming herself physically and psychically to privilege the existence of the spirit. Because her "self" is foremost social, it becomes superfluous to her religious quests.

Rogers stylizes an appetitive "self" by reproducing common apprehensions about women's reading habits. In the first pages of her narrative, she suggests the original moment of spiritual *oubli* as having been triggered by a moment of literary distraction. Even as a young girl, she undertook daily prayer, a practice that calls attention to efforts at self-discipline. However, she acknowledges a deep sensitivity to storytelling. As she writes, she

> never remember[s] going to bed without having said my prayers, except once: I was then diverted by a girl, who told me many childish stories, and so took up my attention, that I forgot to pray till I was in bed: then being alone, I recollected what I had done, and conscience greatly accused me: so that I began to tremble lest Satan should be permitted of God to fetch me away body and soul, which I felt I deserved! (4)

By defining "childish" stories as a spiritual distraction, Rogers sets the tone for her

eventual downfall into literary consumption. Since she offers little explanation of her relationship to this girl, who spontaneously appears at this moment of temptation, the young girl serves as a mirrored image of the self in a foreshadowing of the literary overconsumption of her adolescence, when books become characters who block her spiritual path. Years later, after a disturbing visionary dream in which she meets an angel, who declares her to be absolved from her sins, Rogers became "very serious and circumspect: and read all the religious books [she] could meet with" (8). Doubting her sins to be truly absolved, she stresses her determination to verify her state of purity. One of these religious readings encouraged her to begin writing, herself, on the premise that one could reach heaven if her good behaviors outweighed the bad. Rogers "made a little day-book" to examine her conduct, a technique by which she sought to stabilize her "own soul on these terms" (8), but this method, as she found, failed. Soon after having committed to journaling, Rogers dropped her day-book before her peers at a dance. "Ashamed," Rogers lost faith in this method (8). Shortly thereafter, she became discouraged after she "met with another book," which held that her attempts to self-examine were false tactics for absolution. Rogers describes this moment of discouragement as one which led her to see herself as morally above others who "passed for amiable characters, guilt of things my soul shuddered at" (8). Through this recognition, she writes, she believed herself superior.

As Rogers describes these adolescent efforts to come to terms with her sinful inclinations by her own methods, she quickly points to a dark side of self-sufficiency. Unable to sustain herself alone, she

so repeatedly grieved and quenched the motions of that Holy Spirit, that [she]

> was then, in some measure given up to [her] own foolish, rebellious heart. Dress, novels, plays, cards, assemblies, and balls, took up most of my time, so that my mother began to fear the consequence of my living so much above my station in life. But I would not now listen to her admonitions. I loved pleasures, and after them I would go. (10)

During her developing obsession with literature and luxury, Rogers's fasting becomes increasingly penitent. Rogers's discussion of cause and effect, and her intriguing theorization of women's food refusal, contain peculiar ideological strands and anecdotes which complicate her claims of writing truth. Unlike Hester Allen's earlier account of possession, in which the author writes without making explicit the nature of her sin, Rogers's narrative explores her "bad" behavior in detail. First, she places the onset of her misunderstanding early in the timeline of her narrative, with the loss of her father and brother. As noted above, Rogers attributes great importance to her father's death, for it ruptured her family's domestic structure. By placing the father figure at an omnipotent level within the domestic sphere, Rogers struggles on her own to find the right path after his death. She presents mainstream society as the ultimate path of temptation. Whereas her father's wisdom shielded her from society's luxuries, common society and its temptations are too great to resist when she is alone with her mother.

Rogers associates a voracity for reading, clothing, and dance with a more generalized voracious appetite. Rather than taking sustenance from a spiritual path, she sees, in hindsight, that her passage through mainstream society left her malnourished. As she writes, her "pride was fed by being admired" (6). This excessive pride, or

exaggerated self-worth, stems from indulging in the effects of cultures of sensibility. She "devours" all the novels, romances, and eventually histories, she can find, only to find that reading one text after another fails to satisfy her, and instead fuels her insatiability. Her insatiability for knowledge is underlined by the rapidity of her habits of consumption. By rapidly reading one text after the next, she gorges herself on the literature of her time. Yet, this excessive ingestion of cultural objects is followed by a writing binge. Prolific journaling parallels indiscriminate reading. Throughout her account Rogers regularly refers to her use of journaling as a method of self-evaluation, and she appears to be in a constant downward spiral of ideological ingestion and excretion.

Rogers's habits of consumption are of particular interest within the context of her spiritual narrative, and especially her theorization of women's food refusal, on multiple levels. A close reading of her text reveals its dense engagements with the ideas of her time. In addition to reflecting on the texts and types of texts the adolescent Rogers read, reference to other important eighteenth-century documents, not directly mentioned in her account, likewise demonstrates Rogers's engagement with widespread cultural debates, specifically those on the relationships between gender, health, literature, and spirituality. Furthermore, although Rogers portrayed herself as reading indiscriminately, many of the ideas she explores ask explicit questions about the meaning, treatment, and politics of women's food refusal. At the same time, it is this very process, one which actually reflects her intellectual integrity, that leads to her conversion and spiritual awakening.

Echoes of Women's Sentimental and Spiritual Food Refusal

At times, Rogers casually mentions the ideas of authors and poets, yet refrains from naming them and their texts. Nevertheless, there are numerous clues to the specifics of her reading habits. By readily engaging with popular medical, literary, and religious ideas on women's food refusal, Rogers creates an intellectual collage that gives shape to her ultimate theorization of alimentary abstinence and, by extension, female reason. In preparation for her conclusions concerning the notion of female rationality, Rogers designs herself in the image of the flawed sentimental heroine, a figure who, throughout the eighteenth century, was often singled out as an example of *irrationality*. Rogers writes to show readers that the young heroine Rogers, as a character within her narrative, was foremost guilty of the sin of misunderstanding that stems from a delusion of self-sufficiency. Otherwise stated, Rogers's attempts to rationalize the notion of self-sustainability, which here refers both to her desire to educate herself through reading and to her denial of food, are set up as her principal intellectual error. While Rogers's depiction of her younger self is far from the satirical portrayal of the heroine found in Charlotte Lenoxx's *The Female Quixote*, it similarly engages with the critique that sentimental fiction fuels feminine misunderstanding. However, that Rogers's portrayal of the perils of feminine misunderstanding is seriously lacking in humor underlines the critique of feminine reason that concludes her text. After all, in that starving herself serves as a counterpart to her reading habit, she identifies gorging herself on popular culture as something that almost *kills* her.

In fact, Rogers's very serious position on her overconsumption of literature, her abstinence from food, and her excessive attachment to personal spiritual engagement is

grimly reminiscent of perhaps the most serious heroine of the British eighteenth century. Given her voracious reading habits, it is hard to imagine she passed by the popular *Clarissa*. Furthermore, Rogers's specific depiction of food refusal within the scenario of medical recourse, like her quests of feminine perfection, point to inspiration from Richardson's tragedy. "An Account…" suggests she was familiar with Richardson's text, as well as with common eighteenth-century fear-mongering theories about women's reading habits, their sensitivity to luxury, and their impressionability. Rogers's cultivation of a certain Clarissian asceticism surfaces in the context of a few surprisingly familiar details: confinement, seduction, and the attempt to decide for one's self. To recall certain plot details, Rogers, like Clarissa, is confined by family when she maintains contact with Methodists against their wishes. As Rogers makes clear in her text, this emerging religious group had a somewhat Lovelacian reputation. Because Rogers aspires to be wholly and fully pure, rather than merely pure in appearance, her rejection of mainstream society includes abandoning feelings for a love interest who, "though outwardly moral," was "yet unawakened" (13). This sentence reminds readers of the doubt aimed at Clarissa's feelings towards Lovelace, as well as the heroine's claims to live a single life. Suspicions that food refusal is a result of a feminine sensitivity to lovesickness are likewise present in Rogers' account.

Minor plot details aside, Rogers's narrative eventually diverges from the conclusions of Clarissa's story of food refusal by transforming food refusal from descriptive to prescriptive, a rhetorical strategy that not only informs her critique of the body's role in female reason, but also strips a heroine like Clarissa of her intellectual and spiritual autonomy. Even early in the novel, Clarissa refuses social invitations

because she "must pursue [her] writing; and not choos[e] either tea or supper" (a habit Lovelace refers to in his accusations that Clarissa willfully uses food refusal to distance him from her and to punish him). Rogers is similarly compelled to replace eating with writing and reading (525). In so doing, she implies that literature and food are interchangeable, but somewhat incompatible. Eating appears to be incompatible with knowledge production; or perhaps satisfying a physical appetite distracts from an intellectual, spiritual one. I will explore this idea more fully in the conclusion of this thesis, but at this point, I would like to highlight how Rogers conflates eating with reading and writing in a way that is consistent with eighteenth-century ideals of women's appetite control. To read Rogers's account from this perspective explains why her experience of self-starvation is, unlike Clarissa's, not left open-ended. For her "story" to work as a conversion narrative, fasting, while necessary, must be a temporary evil. Had she remained dedicated to fasting, the value of Methodism would have paled next to the value placed on Rogers's own will—the issue so heavily debated in *Clarissa*.

Rogers's reliance on sentimental literary depictions of women's food refusal is strengthened by her story's echoes of women's spiritual food refusal. Her rejection of mainstream society when she cuts her hair and destroys her clothes recalls the story of the famous medieval saint Catherine of Siena, who is remembered for her use of extreme food refusal as a practice of penance. When faced with her family's desire for her to marry, Catherine, with the guidance of her spiritual mentor, decides to cut her hair to resist her family's wishes and to maintain her personal vow of chastity (Sesé 24). Rogers similarly articulates a separation of the inner and outer selves, the soul and

body. Rogers feels a "double strength of body" (20). Using a language common to religious fasters, "[t]he love of God" becomes her "meat and drink" (20). She suggests that she finds her voice and strength through her religious practice, and against the conflicting desires of her mother and the "false" pleasures and obligations of society. Like Sarah Fielding's heroine in *The History of Ophelia,* who is praised by a libertine for the purity of her blood thanks to a "spare diet" of "Angel Food"—another figure inspired by Clarissa—Rogers, too, adheres to a modest Clarissian diet, perhaps in its ultimate expression. She dines on heavenly meals of nothing to cleanse body and spirit, to separate herself from familial expectation, and to insist on her autonomy.

Through references to popular cultures of reading, Rogers builds a text founded on the notion of sympathetic contagion, which held that sentiment could be "caught" by close contact with those who displayed too much feeling. The sympathetic link between reading, writing, and food refusal had already been made earlier in the eighteenth century. In a 1752 letter to Lady Bute, Lady Mary Montagu briefly reflects on the 'medicinal' qualities of reading, specifically with regard to appetite loss. On the recommendation of her physician, she describes her experience with Frances Coventry's 1750 *Pompey the Little*, a novel she describes as "a real and exact representation of life, as it is now acted in London, as it was in [her] time" and which she predicts will continue to serve as an accurate representation "a hundred years hence" (5). Rather than sharing much information about the novel's plot, Montagu is foremost intrigued by a character, Ms. Qualmsick, who hardly eats. While Montagu is sure to boast that she is free from the "vapours" and "weak nerves," she relates to Ms. Qualmsick through their shared "fancied loss of appetite" (5). Montagu's physician

counseled her to reflect on the dangers of eating too little. Although Montagu finds her physician to be somewhat foolish in this concern, she is eventually persuaded by his frequent comments on her appetite loss: "By perpetual telling me I eat so little, he is amazed I am able to subsist. He had brought me to be of his opinion; and I began to be seriously uneasy at it" (6). However, in her identification with the character Ms. Qualmsick, Montagu comes to terms with her minimal appetite. In an act of self-reassurance, she includes a list of her daily food intake before accepting that she is "in no danger of starving; and am obliged to little Pompey for this discovery" (5). Despite seriously considering her physician's concerns that she does not eat enough, Montagu relies on a fictional experience to measure the severity of her loss of appetite.

Montagu's use of the novel as a mirror to her own life is a powerful example of the relationship between art and reality, reading and health, in the eighteenth century. Although she uses a fictional model to accept her minimal eating habits, rather than as one she should imitate, her reflections on appetite demonstrate how the story helped eighteenth-century readers to understand and articulate their conditions. In the case of food refusal, this worked in multiple ways. By reading the novel as a "real and exact representation of life," Montagu finds in it a stable truth about how much food her body needs—one which takes precedent over her physician's perspective. If, on the questions of eating and abstaining, fiction had more authority than medicine, what did this mean for the emerging pathological ideas of women's food refusal? Moreover, what did it mean for women who found their semblance in Clarissa?

When considering Lady Mary Montagu's use of fiction to understand her minimal appetite, it is possible to see *Clarissa* as one of Rogers's inspiration. Readers

of the time would have seen the powers of literary influence as a real possibility, one that corresponds with widespread eighteenth-century beliefs on sympathy, illness, and sentimental or psychic anguish. In addition, Montagu's anecdote indicates how women's food refusal (as a measure of sentimentality) eventually took on a fashionable quality. By the time Rogers wrote her narrative, food refusal was no longer only understood through the scope of penitence or possession. It was emerging as an affirmation of identity. But whether this identity reflected a woman's weakness to fashion or pride, it was still a question to be asked. The struggle of outer and inner experience, of society, self, and soul, remained at play in a debate that, at its focus, questioned the acceptable degree of women's self-involvement.

To take this point further, I turn to Eric Parisot's study on suicidal sympathy, in an attempt to contextualize the historical grounds for asking if fictive self-starvation was thought to influence reality. Parisot explores cultural fears on "depicting suicide in print" because it could "shape circuits of emotion or 'affective economies'" that led readers to consider or to commit suicide themselves (184). Parisot notes that "[a]nti-suicide commentators framed suicide in order to invoke sentiments such as contempt, disgust, and horror in response to the deed and its exponents," and to "present suicidal emotions as artificial or imaginary, bordered and confined to a space removed from reality" (185). In order to curb "contagion via the popular press," suicide was portrayed as a prideful, anti-social act (185). Rogers's text endorses the belief that suicide is anti-social by recasting her desire to die, or, as she says, to be with God, as a refusal of her duty as dictated by God. Nevertheless, this formula also insists on her duty to others around her in her life. In Rogers's case, we see that part of her enlightenment relies on

her appropriation of the dominant view that fasting, which she perceived as a holy act, is actually self-interested. The counter-response of religious-medical intervention insists on her duty to exist for others—the obligation to live for God's will. This requires her to admit to an indulgence in willful self-starvation. Furthermore, it supports the Cheynian principal that the patient can only really heal when she *wants* to heal, a desire demonstrated by complete faith in, also seen as submission to, the physician. Inversely, this ideal implies that if the patient is not eating, there is likely some part of her that prefers not to. Rogers's text becomes a model for this covert suggestion.

While suspicious views of self-starvation as a form of suicide are not unique to eighteenth-century thought, a new method of treating extreme food refusal was gradually put into practice. Force feeding was used in response to slaves who self-starved as an attempt at suicide during or after transatlantic voyages, and for those held for madness in asylums. Even though force feeding was applied in these two distinct forms of food refusal, the act of intervention carries different meanings when used against slaves or asylum patients. When the important French physician Phillippe Pinel began to force feed patients held in Parisian asylums, he did so in what is generally recognized as a progressive, empathetic medical gesture. Elizabeth Williams explains that Pinel employed techniques of force feeding by bottle or tube only when "gentler" methods to make patients eat failed (Williams 135). Evocative of late-eighteenth- and early-nineteenth-century medical trends of developing more humane "moral treatments," Pinel's interventions were based on a belief that mental stability comes with physical health, or proper nutrition. In this, he breaks with the then widespread

assumption that "the insane, since lacking in ordinary feeling, did not suffer from hunger" (Williams 135). Interestingly, Williams notes that this method also diverges from the "common view […] that mental derangement could be treated by dietary privation – 'severe diets' of bread, gruel and water" (Williams 135). Signaling an evolution beyond dietary ideals, particularly those set forth by Cheyne, Pinel's methods aspired to create more holistic, rather than conflictual, relationships between the body and mind. But force feeding had a dark underbelly as well.

Whereas Pinel endorsed a practice that aspired to attain a minimum physical wellbeing for psychically disturbed patients, his ultimate goals were not shared by those who force fed slaves with a view of protecting their property. Despite the developing image of force feeding as a life-*saving* technique, its use to force slaves to live in slavery demonstrates its troubling implications. When slaves used self-starvation as a form of suicide, slave traders and owners intervened with the use of a new tool, clearly more violent in method than Pinel's bottles and tubes, the *speculum oris*. In the 1808 treatise, *The History of the Rise, Progress, and Accomplishment of the Abolition of the African-Slave Trade by the British Parliament*, Thomas Clarkson describes the *speculum oris* as an instrument meant to force open the mouth "to throw in nutriment, that they who had purchased them might not incur loss by their death" (cited in Snyder 41). According to Terri L. Snyder, suicide among African slaves troubled slave traders because of its ability to expose the conditions of slavery. As she explains, slave suicide was detrimental because it "reflected the ecology of the enslaved self" (51), which grounded abolitionists' arguments against slavery. The use of the *speculum oris* to force feed exposed the slave trader's goal of physical

dominance and his denial of the slave's autonomy. As Snyder writes, "[d]ebates about the legitimacy of both suicide and slavery were joined together in philosophical and popular reflections on human existence, transforming early modern dialogues about stubbornness into more modern considerations of temperament, agency, and emotion" (51). Because suicide refused the conditions of slavery—memorably dramatized by Aphra Behn in a scene of princely self-starvation in *Oronooko*—it communicated a personal value for the self that at times conflicted with a dominant social value. This meant that suicide was seen by some as motivated by anti-social beliefs. Despite new suggestions that suicide was an effect of mental disturbance as opposed to stubbornness, this was largely superficial (Snyder 51). In comparing Pinel's use of force feeding with that of the slave traders, and with Rogers's cousin's view of self-starvation, we see that the presumed implications of food refusal impacted the treatment or the response the self-starver received.

Women's Food Refusal as Addiction

Rogers's text paves the way for emerging nineteenth-century concepts of food refusal as a willful mental illness when she endorses the previously considered postures against suicide as immoral. During her period of extreme food refusal, she first believed to find a strength of voice and body, in contrast to maternal influence and the obligations of society; however, these claims are overturned by the close of her narrative. Although self-starvation was, for her, a method for engaging in spiritual practice and for establishing independence from her family, Rogers rearticulates her rationalization of self-starvation after her conversion by suggesting that her initial

"grief" was actually disguised pride—the most damaging sentiment. Through her reflection on grief and pride, she eventually unveils a critical discourse on self-starvation similar to the journalistic comments on suicide studied by Parisot.

Despite the confidence with which Rogers reenacts the spiritual projects of female fasters, she ultimately composes a political ideal of women's food refusal—that of real women, as well as sentimental characters—when she casts a shadow over her experience by endorsing dominant, male medical and religious perspectives on the intersection of women's diet and spirituality. By drawing on male-defined medical and religious notions of women's food refusal, the text comes to serve as a "factual" account that argues for women's intellectual, physical, and spiritual submission. Rogers is, as she writes, "consumptive," but it is clear she does not endorse the idea that she *is suffering from* consumption, meaning any sort of tubercular disorder. To her, being "consumptive" evokes a state of being, a sentimental state, instead of a physical, or material, problem. To elaborate, a physician tells Rogers she is so "far gone in consumption" that she is "sacrificing her life" (Gilsippie 105). This diagnosis recalls Clarissa's physician stating that her "case was grief," and that his medicine was useless if Clarissa was intent on starving.

While eighteenth-century medicine theorized want of appetite as a symptom of passion disorders, as we see in both examples, grief as a malady remained in morally cloudy territory. Accusations of bad behavior underscore Rogers's and Clarissa's diagnoses. In Rogers's case, a practice of food refusal that was once associated with spiritual purity is eventually recast as an inversion of excess through the optic of the physician. Although this new perspective shook her from her "happy toil," "anger,

pride, self-will, and unbelief" remained present within Rogers. Admitting a disregard for her body and earthly life, Rogers was "certain of endless life," expressing pleasure as she weakened and "was pronounced far gone in a consumption" (22). Rogers's imminent death is thwarted at the narrative's climax only when a male cousin finally convinces her to live. As previously noted, after hearing Rogers's stubborn rebuke of the physician's knowledge, he appeals to Rogers's faith through theological-medical arguments. She quotes his accusation from her new perspective of the incident:

> You set up your own will, while you pretend to submit to the will of God; and, by not taking proper medicines, you are a murderer!" I wept and said, I think I am resigned. He asked, "Are you willing to live forty years, if the Lord please?" I found a shrinking at the thought, and felt I could not at that moment say, I *was* willing (23).

After the exchange, Rogers finally recasts her fasting as suicidal self-starvation, guided not by a true love of God, but by an addiction to the pride which food refusal accorded her.

When Rogers reproduces common fear-mongering theories of women's reading habits, their sensitivity to luxury, and their impressionability, she supports theories which, according to Zieger, "construct[s women's] capacity for addiction as fundamental lack," while simultaneously "represent[ing] the very addictiveness of mass culture, in heteronormative scenarios, to men" since the eighteenth-century (137). Viewing eighteenth-century anxieties of consumerism as a motor to the nineteenth-century invention of "addiction" as a moral and medical concept, she explains that "women's covert habituations were scandalous only because women appeared to be

permitting a degrading influence to shape their characters," one which, for critics, rested upon unacceptable forms of self-gratification (131). Rogers's "habit" of refusing food is expressed within the framework of addiction Zieger describes. Rogers suggests, even encourages, the notion of a fundamental feminine lack by her reliance on self-starvation as a habit of gratification. When she renounces her obsession with luxury and replaces it with food refusal, her self-starvation is merely a new way to satisfy the same desires: vanity and pride. It is only her recourse to religious-medical dogma that allows Rogers to survive. In allowing herself to be persuaded to accept divinely-endorsed "strengthening medicines," she suggests that she *chooses* to live, and she admits to an epistemological lack, or instability, which requires exterior, social supervision.

Rogers's tale therefore justifies arguments for women's impressionability by portraying feminine self-control as implausible. In fact, we see a transformation of notions of illness within Rogers's text as her understanding of the cause of her ill health moves from an exterior influence, by a model of possession or social habits like reading, to an interior flaw of addiction. Although Rogers considered her extreme food refusal as a method for cultivating strength of voice and body, she eventually re-articulates this logic of self-starvation when, after her conversion, she suggests her initial "grief" was disguised pride—the "evil of [her] corrupt heart" (25). Rather than being a substance to which Rogers is addicted, food refusal is a method that paradoxically nourishes an addiction to sentiment. It is through the act of refusing that she can access an elevated 'dose' of pride, and it is the experience of pride, she suggests, that is her central obsession. But this obsession, as is made clear through her

narration, is fueled by her consumption of literature. What was once proposed as a powerful practice of body and mind is reduced to the naive, false faith of a young girl.

It is only in hindsight that Rogers-the-heroine can understand the intoxicating role of her reading habits. The dense intertextual inspiration Rogers uses to construct her text offers multiple outlooks for understanding food refusal as a *selfish* practice that seeks to elevate the individual above society. Food refusal transforms from illness or practice into a learned behavior, encouraged by fashionable society, and specifically by women's unhealthy reading habits. Texts that place the heroine at the "center" of her world are regarded as among the most damaging, for they encourage women, like Rogers, to be "fed" by a vain, consumeristic game and dance. By reviewing this sentiment, the irrationality of Rogers's former self comes to light—a young girl who refused to eat in the name of false spiritual aspirations, which is to say through a fault of logic and interpretation. This process is not without its political relevance.

When the cause of food refusal is placed within a framework of addiction, the cure shifts accordingly. Medical submission becomes even more important. The medical notion examined in previous chapters, that fasting women must *desire* improved health before they can obtain and submit to medical guidance, is here made real. Thus, in addition to its underlying goal of praising the power of Methodism and encouraging conversion, Rogers's text is also meant to champion the rationality of Methodist thought through the motif of medical competence. Roy Porter notes that "medical men and polemicists dr[ew] upon medico-psychological reasoning to point to crystal-clear affinities between the manifestations of the religious lunatic fringe and the lunatics proper" (228). As he explains,

> charismatic individuals or entire religious sects might be demonized by medical authority: enthusiasm, zeal and other forms of transcendental experience could be medicalized into psycopathology, either by foes seeking to defame them or by doctors truly trying to treat converts and Convulsionaries. That was a trump card repeatedly played in Britain to counter the threats posed in the seventeenth century by the significantly named Quakers, Shakers and Ranters, and then on a massive scale after the 1730s, against Methodists—'Methodistically mad' became the smart insult (228.).

Rogers's narrative plays into these cultural tensions between medicine and new religious practices when she uses the theme of women's food refusal as method of reconciliation. In hypothesizing the drama of self-starvation as proof of her enthusiasm, Methodism, with its endorsement of rational medicine, is presented, by contrast, as the reasonable alternative.

Rogers's feminine experience of excessive emotion is identified as the true barrier to rational thought, or as a true example of zealous behavior, while the cooperative efforts of the physician and parishioner help her to embrace reason. Methodism, as a movement, thus finds the means to defend itself within Rogers's narrative. By creating a place for medical recourse within Methodist literature, claims of anti-social enthusiasm are held at bay, and countered by proposals of a progressive collective identity. Despite the ideological differences between the ostensibly progressive minds of science and the pioneers of new organized religions, both groups seemed to agree on the dangers of feminine sensibility. By the end of her crisis of faith, Rogers designs herself as "real" model of William Law's ideal woman, discussed in

Chapter 2: she who, committed to service, "eats and drinks only for the sake of living, and with so regular an abstinence, that every meal is an exercise of self-denial; and she humbles her body every time she is forced to feed it" (Law 62). Because Rogers's lived experience of food refusal is proposed as an example of feminine false faith, while at the same time serving as a lived example of the inevitable flaws of feminine reason, "An Account…" becomes a woman-penned piece of propaganda for women's submission. Yet, Rogers's avowal of feminine intellectual error is spoken from her active role as a religious role model. Therefore, her text is also a testimony, in its own way, to the strength of Rogers's intellectual abilities. By taking readers through the steps of her thought process, she demonstrates how her own form of rational experience led to spiritual awakening. Writing her account of food refusal does, in some way, also counter a patriarchal tendency to silence women through a denial of female reason.

Emerging Notions of Women's Food Refusal as an Illness of the Will

When Rogers's text asks if self-starvation can be viewed as suicide, it places an explicit moral value on women's food refusal as an 'actively' passive practice of self-destruction. Moreover, it creates a framework for concepts of willful illnesses. The treatment of suicide in Rogers's text is saturated with late-eighteenth century notions of the "power to die"—or, in other words, of the obligation for certain groups of people to live for the benefit of others. We see in Rogers's text a gendered, classed, and racialized stance on suicide. Rogers is, of course, persuaded to continue living, not for herself, but for the sake of others. She was, after all, an active member of the

Methodist community who converted many to this new form of Christianity. The text argues that she must live to serve God's plan, which, according to those around her, includes the obligation to live for a domestic role. Vicki Tolar Collins's analysis of the manipulation of Rogers's text by male editors and preachers over the course of its many nineteenth-century editions shows that male editors emphasized Rogers's role as mother. According to Collins, Rogers originally presented herself as invested in a mystic persona, one which was endorsed by John Wesley. However, after Wesley's and Rogers's deaths, her text, Collins argues, is in some parts rewritten to suggest that Rogers responded to new Romantic notions of the domestic angel, or the ideal of motherhood.

The expectation that Rogers should renounce her fast because "God" wants her to live is reminiscent of the drama surrounding Clarissa's sickness and death. When reviewing an old journal entry from 1776 as an adult, Rogers reflects on the thoughts of her former self. She shares the concern, "Oh when shall I be holy!" (25). She remembers her dissatisfaction from when she renounced her suicidal fast. She sheds doubt on her past feelings, noting that, while she associates her past emotion "to the indisposition of [her] body,": she continues, "I fear it is more owing to the evil of my corrupt heart. Oh when shall I be holy!" (25). By reviewing this sentiment in her 1796 account, the irrationality of a former self comes to light; that of a young girl who refused to eat in the name of false spiritual aspirations, which is to say through a fault of logic and interpretation. In aligning self-starvation with suicide, and thus with blasphemy, Rogers aligns herself with Clarissa's prosecutors. Part of the tragedy of *Clarissa* is that readers are left able to believe she *shouldn't* have died, which begs the

question of who was at fault. Clarissa refused to accept fault in her life and her death, clinging to an integrity of self that was "long denied" (1191). Rogers finally differentiates herself from Richardson's heroine when she covertly joins the debate on Clarissa's intentions, ultimately condemning the explicit, perhaps anti-social individuality of spiritual self-starvation. Her tale justifies women's impressionability by recounting her own failure at self-control in contrast to her male cousin's ability to reason—but it does so through *her* rational account.

The role of the will—specifically, its propensity for stubbornness—was increasingly associated with women's food refusal towards the end of the eighteenth century. Yet it is crucial to note that there is a layer of classed and racial privilege attached to Rogers's (and Clarissa's) expression of food refusal, as well as the response to it. While, over the course of her narrative, Rogers describes her gradual acceptance of her use of food refusal as a way to feed her addiction to pride and self-importance, there are, it seems, no *physical* interventions imposed on her. Rebuttal of her food refusal remains effective in that her cousin seeks to reason with her, to lead her to submit to medical attention as a divine method of healing. Thus, Rogers has a *choice* to accept care and renounce food refusal. But part of this choice is accepting her "fault": the feminine flaw of judgement and action which, in her case, was exposed by self-starvation.

Rogers's text is a masterly crafted literary text. It is organized, concise, and clearly purposed in its points. For this reason, it comes to propose a calculated politics of women's food refusal, which is, through the example of gendered eating habits, a judgement on women's roles as defined by the cultures of reason and sensibility. In

fact, by upholding Law's argument that the ideal woman eats only enough to live, Rogers endorses a developing late-eighteenth century view that women must live for the benefit of others—an idea that lays the foundations for nineteenth-century models of demure, passive, domestic femininity. Rogers's acceptance of dominant masculine perspectives is of significant value to the history of women's food refusal as it points to the crystallization of ideologies of gendered concepts of the will and ability to reason. My point is that the body is not refused out of rebellion, but exchanged in a battle for the mind. Rogers gradually relinquishes control as she tests different intellectual techniques. It is when confronted by reason, when her reasonability is held hostage by masculine figures, that she allows the body to superficially absorb masculine rational doctrine, but she ultimately maintains control over her intellectual realm in order to encourage spiritual and intellectual fulfillment.

By relinquishing the female body, by accepting to simply eat enough to live, Rogers embarks on a path that, of course, allows her to develop spiritually, but also allows her to assume a formative role in the rise of Methodism during her life. After her death, her greatness only grows through her mythologization as one of the first female Methodists. She becomes an ideal of her community. Rogers personally values rationality and spirituality, two psychic experiences which were denied to eighteenth-century women on the premise that their physicality rendered them unlikely candidates for the proper use of the imagination. In response to this psychic oppression, she offers control of her body, notably through diet, in exchange. Rogers accepts eating only to live, but she retains her right to intellectual and spiritual experience. While this gesture may seem to be "anti-feminist," it should be seen as more complex.

Chapter 6
Conclusion

By the end of the eighteenth century, women's food refusal was framed by a mélange of fashionable disputes concerning reason, sentiment, and moral virtue. As many educated male interpreters, and some late eighteenth-century women writers argued, "self-control" became a technique intended to counter feminine voracity and sentimentality in defense of reason. Because overeating and undereating were understood as expressions of moral flaws, like greed, stubbornness, pride, disinterestedness, and weakness, dietary restraint emerged as a method to manage one's emotional experience, and in turn, to present oneself as a dignified, thinking person—a role often denied to women, following commonplace medical theories of the body. New norms of eating and abstaining developed in intersecting medical, literary, philosophical, and religious domains. Despite the fact that men and women alike were treated for appetite loss throughout the eighteenth century, psychological self-starvation was understood by the nineteenth century as an affliction of women. Likewise, although appetite control was promoted as a preventive health measure for men and women, new theories on eating systematically placed the origin of illness in material and immaterial realms of the body associated with the 'feminine.' These so-called 'feminine' parts of the body were also considered capable of triggering spiritual struggle.

Influential medical writers, like George Cheyne, contended that following the physician's advice (usually with regards to a regimen of "low" eating) was the most

important step towards 'good' health. Cures for illnesses of appetite loss, which were believed to be rooted in a destabilizing excess of passion and sentiment, also bolstered the dominant role of the physician. The 'medical' advice that patients must demonstrate a *desire* to heal is repeated in the documents I have explored. For women, this was especially troubling. When the responsibility for good health was placed on the female patient, it allowed for promulgation of the misogynistic stereotypes on which theories of the body were founded. Both the treatment of women's appetite illness and the medicalization of the feminine appetite reveal an uneven application of the "rules" and "expectations" of dietary health. Through its simultaneous propagation of dietary self-management and the medicalization of extreme food refusal (including the dismissal of rural women's experience), the rise of eighteenth-century medicine pathologized women's physical and psychic experience. A mistrust of women's understanding of their own health and bodies was common in medical practice.

In this dissertation, I have attempted to identify an eighteenth-century network of ideas surrounding women's food refusal within converging scientific, social, and religious currents of thought. Instead of focusing on medical literature or literary representation as separate domains, I have studied their intersections and considered them together, as they would have been during the period. In my study of the eighteenth-century reading cultures in which these documents were produced, I have explored the socio-cultural history of women's eating and abstaining as it came about through a movement of ideas between medical, religious, literary, and philosophical thinkers. Moreover, far from secularizing appetite disorders or the emergence of dietary health more generally, the medicalization of new ideals of appetite reflected

dominant religious views. The rise of Methodism and new forms of evangelical Protestantism popularized developing ideals of dietary virtue as religious writers offered an etiquette of eating and abstaining as a model of Christian living. Polite religious reform, which intended to set women's enthusiastic spiritual expressions a part from rational religious experience, rewrote former notions of abstinence by recasting the history of penitent religious fasting as a model of irrationality.

As I have sought to trace movements of ideas around eating and abstaining, I have called attention to narrative dynamics and material cultures that influenced these movements. Notably, I have argued that male interpreters who guided the eighteenth-century values of dietary virtue were often personally and ideologically invested in controlling the meaning of women's food refusal. In Chapter 2, I establish how the parallels and intersections between the medicalization of appetite disorders and the rise of dietary medicine reflected new forms of medical capitalism. Many educated men sought to capture "appetite" by resorting to classed, gendered, and nationalistic assumptions. Through my consideration of medical writers' representations of female corporeality as a way of conceptualizing the dangers of the appetite, I maintain that new ideals of dietary health produced a contemptuous system of beliefs, set against the "feminine" appetite. By the end of the century, the ideal woman was not understood, in medical circles, as one who indulged for the satisfaction of sensual pleasure (as Ann Moore supposedly did), nor did she let her feeling ruin her appetite (as was the case for Catherine, or Clarissa), nor did she under eat to feed her pride in the name of her spirit (as Hester Rogers was thought to do). Eventually, a new religious-medical standard of womanhood, one that excluded rural and racialized women, contended that the ideal

woman eats only enough for the sake of living. If Law was the first to put this belief into words, many followed suit. Self-denial and a constant 'humbling' of the body were put forth as obligatory methods in achieving women's spiritual, medical, and social salvation.

After a century of debate on dietary propriety, women's appetite suppression transformed into a performance of rationality. It emphasized a *willingness* to form oneself, mind and body, to the ideals of a patriarchal society that often framed women's intellectual experience as impossible. Amelia Opie's *Adeline Mowbray*, published in 1805, briefly demonstrates how dieting became inseparable from the appearance of respectability. In this novel which portrays the trials between mother and daughter, Mrs. Mowbray seeks to impress her belief in the value of intellectual life on her daughter, Adeline. One of the many ways Mrs. Mowbray attempts to do so is through her promotion of a performance of dietary restraint:

> At one time Mrs. Mowbray had studied herself into great nicety with regard to the diet of the daughter; but, as she herself was too much used to the indulgencies of the palate to be able to set her reality an example of temperance, she dined in appearance with Adeline at one o'clock on pudding without butter, and potatoes without salt; but while the child was taking her afternoon's walk, her own table was covered with viands fitted for the appetite of opulence. (6)

Appearing in the first few pages of the novel, Mrs. Mowbray's thoughts on diet reflect the quirks of her diligent, studious personality. Always far more interested in philosophical books than romance or motherhood, Mrs. Mowbray had struggled, at

first, with her maternal identity, which led her to consult conduct manuals to plan certain aspects of her daughter's education. Her house servants, however, identify some flaws in Mrs. Mowbray's method. Fully aware the mother indulges in food secretly, the house servants, "convinced that the daughter as well as the mother had the right to regale clandestinely," feed Adeline in private on the condition that the treats served remained secret (6). Later, when mother and daughter meet, each congratulates the other on their virtuous eating habits. Mrs. Mowbray compliments her daughter's beauty as the result of good, disciplined dieting: "See the effect of temperance and low living! If you were accustomed to eat meat, and butter, and drink anything but water, you would not look so healthy, my love, as you do now. O the excellent effects of a vegetable diet!" (6). Although this undeserved flattery causes Adeline to confess immediately to her clandestine eating, both women momentarily exist as the hostages of dietary virtue.

Opie's anecdote is valuable in showing more than one side of dietary virtue. Although both female characters temporarily, visibly engage in appetite suppression as a way to demonstrate their dedication to respectable, rational experience, readers are privy to what happens behind the scenes of appetite control. This is revelatory of a few perspectives with regards to women's appetite control. First, Mrs. Mowbray's study of diet to better mother her daughter reflects an idea of appetite control as a now accepted method of self-management. By portraying Mrs. Mowbray's concerted study of documents on diet, Opie demonstrates her character's investment in self-betterment. The desire to be *willing* to "control" oneself is then emphasized further when mother and daughter each engage in a performance appetite control. But this is, indeed,

merely, a performance, and Opie thus undercuts the importance of such control.

Opie is careful to show that Mrs. Mowbray, despite her good intentions, abstains "in appearance" only. When the house servants secretly intervene, dietary virtue is exposed as an unrealistic – perhaps even a ridiculous -- ideal. No characters appear to believe sincerely in the value of dietary virtue, or as Opie writes, in the wonderous "effects of temperance and low living" (6). Instead, they appear to value the sentimental experience of taste. The servants, for their part, believe Adeline has a "right to regale." There is little indication that they expect these moments of self-gratification to destroy the mother's or the daughter's constitution, or their intellectual abilities. As house servants, they introduce – perhaps because they are members of a lower class for whom food was not as easily accessible -- a perspective on virtuous food refusal (as it was promoted in the realm of dietary medicine) as unnecessarily harsh and ultimately ridiculous. Dietary virtue is, thus, foremost represented as a somewhat pretentious, frivolous habit of the educated classes, who are merely 'performing' a moral status. In addition, Mrs. Mowbray's reference to "vegetable diets" shows that Cheyne's ideas haunts middle- and upper-class ideals of eating and abstaining into the nineteenth century.

Although *Adeline Mowbray* subverts ideals of dietary self-improvement, it nevertheless represents a culture in which women were encouraged to force themselves to suppress their appetites as a visual social testimony of their willingness to be "better" and "able" beings. Appetite suppression, as an indicator of moral self-worth and intelligence, can be seen as a response to the eighteenth century's consistent, multifaceted, and contemptuous framing of women's appetites as a hindrance to

women's ability to access, produce, or retain knowledge. When reading Opie's slightly satirical portrayal of dietary virtue alongside Wollstonecraft's dislike for the performance of appetite, discussed at the beginning of this dissertation, concerns over the intention of women's desire resurface. Unlike Wollstonecraft's protagonist, who boasts of a puny appetite to display an appealing sensibility, Mrs. Mowbray and Adeline try to suppress their appetites to show they can express their own learned ideas. Yet, in some ways, Opie's anecdote does support Wollstonecraft's idea that sentimental self-restraint allows women to present themselves as rational beings deserving of an improved social status. In addition, Opie's novel was believed to be inspired by her friendship with Wollstonecraft. Could this mean that, from the beginning of the nineteenth century onwards, women's appetite suppression developed at once as paradoxical performative emphasis on women's delicacy and their strength? Opie's heroines dabble in appetite suppression to enhance their respectability, while Wollstonecraft's anecdote discusses women using appetite control as a symbol of their delicacy. To answer this question requires further study; however, these initial considerations make one thing clear. The eighteenth-century debates on eating and abstaining produced a diet culture that encouraged women to evaluate their inner lives against the appearance of their eating habits.

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